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DECISIONS OF ENGLISH COURTS ON THE LAW
OF LUNACY.

Through the kindness of Elbridge T. Gerry, Esq., of New York City, we have received a volume of English law reports,* in which are two cases containing the latest decisions of English courts on the law of insanity. Little of the medical history of these cases is given, but the doctrines of the Court, from their strict conformity with legal principles laid down two hundred years ago, are of much interest.

The first is that of "*REGINA v. SOUTHEY. Maidstone: Crown Court; coram Mellor, J.*" The prisoner was indicted for the wilful murder of his wife and child, on the 10th of August, 1865. He was arraigned as Stephen Forwood, but objecting to that name, and requiring it to be changed to Ernest Southey, the indictment was altered accordingly. At first he refused to be defended by counsel, but on being told that he must then take his defence wholly upon himself, he allowed counsel to act for him, and was not afterwards permitted to raise any

*Reports of Cases decided at Nisi Prius, and at the Crown Side on Circuit, and Select Decisions at Chambers. By T. Campbell Foster, Esq., and W. F. Finlason, Esq., of the Middle Temple, Barristers-at-Law. London: 1866.

objections to the proceedings, on this account. To the first indictment, for the murder of his wife, he plead not guilty, but refusing to plead to that for the murder of his child, the plea of not guilty was entered for him, by statute, with the assent of his counsel.

The history of the murder is as follows :

The prisoner, whose real name was Forwood, had been married fourteen years ago, and was then carrying on business at Ramsgate. Two or three years after the marriage, however, he left that place, leaving his wife and child there behind him, and went to London, where he lived by the name of Southey. Since then he had never seen his wife, or returned to Ramsgate. In the meantime, it appeared that he had become a marker at billiards, and he had formed a connection with a Mrs. White; and while this connection subsisted, a year or two ago, he got her to go and see the Earl of Dudley, with a view to induce him to pay a large sum of money, alleged by the prisoner to have been lost to him by the Earl's brother at billiards. The demand was refused; the matter came before the police court as an attempt to extort or intimidate; and the prisoner, last year, wrote a long letter to a daily paper, containing a perfectly coherent history of his life, and an account of the particular matter. After this, shortly before the murder in question, Mrs. White left him and went to Australia; and the prisoner, who evidently resented this, went to her husband and got possession of her three boys—sons of theirs—and took them to a coffee-house, where he left them in bed, and where they were found dead next morning. This was the morning of the 9th of August. On the evening of that day, he went to Ramsgate, disguised with false beard and moustache, and a pair of green spectacles, and provided with a pistol revolver, with five chambers, all of which were loaded with ball; and, having found out where his wife lodged, managed to get access to her at the house of a friend, and desired to be alone with her. She, however, at first objected to this, and he then made an appointment with her for the next morning at the same house. He came there the next morning, and for some time conversed sensibly; still, however, pressing her for an interview with her alone; but desiring that their child should be with them. The last was not acceded to, but his wife went with him

alone, and they sat together nearly half-an-hour, till the child came in. In five minutes afterwards, reports of fire-arms were heard, and it appeared that after shooting both his wife and child, he was taking off his disguise, when, before he had time either to reload his weapon or depart, he was seized by one of the witnesses until the police arrived.

Under the body of the deceased was found a copy of his letter, cut out from the newspaper in which it had appeared. When asked why he had done the deed, he said, "She is better off; had she lived, she would have had more trouble; for if I had returned to London, it would have been under sentence of death!" adding, "What have I left behind!" or, "What have I done!"—allusions which, it was suggested, referred to his murdering Mrs. White's three sons; evidence of which, therefore, was admitted to explain the allusions, and rebut the evidences of insanity, which it was intimated (as already suggested) would be set up.

When before the magistrates, he read a long written statement, acknowledging that he had taken the children to the place where they were found; and throwing the "responsibility for his acts" upon "society," and upon, in particular, eminent persons whom he denounced, and to whom, it was to be collected, he had applied for pecuniary relief. While in prison, he wrote several sensible letters, and sent a telegram to a friend as to his trial, which is in these terms: "My life is over; I shall have to justify myself from terrible charges. See ———. I want her brother, &c."

The counsel for the prosecution began by examining the singular statement of the prisoner read before the magistrates, which he said was evidently meant to be read, whereas the telegram which was sent, and intended only for a friend, was perfectly sensible. This was true, also, of letters written by him about his own affairs, and various other matters. All were quite sane, sensible and intelligent. Thence the counsel proceeded to a general statement of the prisoner's connection with Mrs. White, mother of the murdered boys, in order, as he said, to explain what the prisoner meant by his going to London under sentence of death, and to show that in this he was

not insane, but quite sensible. Here the Court interposed, cautioning the counsel that, while it was admissible to enter into this matter to some extent, it should not be carried further than was necessary.

In the course of the examination of the first witness the prisoner cried out that he was being murdered, that his trial was hurried, &c. The surgeon to the jail was directed to attend him, and proceedings were stopped until he recovered. It afterwards appeared that he was subject to short fits of hysteria.

A controversy here began again between the judge and prisoner in regard to counsel. The prisoner declared that he was "unable to authorize" the appearance of counsel in his behalf, but declining to make any election between assuming the sole charge of his own defence or permitting it to be done for him, his counsel was continued. The plea was then set up that prisoner was now insane, and not in a fit state to be tried. Upon this the jury was sworn to try the question of the present mental condition of prisoner; but, on the suggestion of the prosecuting counsel that "the evidence as to the prisoner's present sanity was very much mixed up with the previous circumstances of the case," it was finally decided to try both questions together.

The prisoner listened to the evidence with apparent attention and intelligence, taking notes from time to time, when suddenly, upon the cross-examination of a witness by his counsel, he began to shout and throw himself about. The surgeon to the jail again took charge of him, and he soon became calm, and apologized for his behavior. It was elicited, in cross-examination, that the prisoner did not appear in an excited state at the time of the murder, beyond clenching his hand when he spoke.

It was further deposed, that the prisoner's wife said to him, "You have been an altered man ever since you imbibed infidel principles in your mind." Another witness stated that prisoner talked quite rationally on the day of the murder. He said he had saved up money and lost it; that his wife had not suffered more than he had, etc. To his wife he said, "Mind, I have had reproaches enough already; let me have no more of them to-day." He also said that he appreciated the kindness of witnesses to her, but wished to speak with her alone. He did so, and shot both her and the child, as before stated.

In regard to the conduct of prisoner before the day of the murder, nothing was found to favor the defence of insanity. One witness, who had known him twelve years, said that he seemed calm and collected, though at times depressed on account of his business troubles. Another, whom the prisoner had supplied with bread, stated that he appeared quiet and inoffensive, and apparently carried on business as other men did.

The governor and the surgeon of Sandwich prison, under whose observation the accused had been from the day of the murder to the commencement of the Assizes, and the governor and surgeon of Maidstone jail, in whose care he had since been, were examined as to the state of his mind at the time of the act, and at the present time. They agreed in testifying that he had always appeared to them perfectly sane. The surgeon of the jail, who had attended him in court, gave as his opinion that the seizures there were merely those of hysteria, from over excitement. He had no doubt that prisoner perfectly appreciated all that was going on, and that he was desirous of giving the impression that he

was insane. The questions put by the judge to these witnesses were similar in each instance, and were as follows :

MELLOR, J.—Do you mean that, from your observation of him, you should say he acted in all respects like a rational man?

Witness.—Yes.

MELLOR, J.—Was there anything to lead you to the conclusion that he was of unsound mind?

Witness.—No.

MELLOR, J.—At all times did he appear to comprehend everything that was said to him?

Witness.—Yes.

Several medical witnesses were called to establish the defence of insanity. One of these, a general practitioner, had seen the prisoner a night or two previous, and had observed his demeanor in court. His opinion was, that he was insane. The witness was not permitted to base an opinion on the general facts in evidence, but only on specific facts proved. It might be asked in regard to these, severally, whether they were symptoms of insanity or the contrary.

On his cross-examination, this witness admitted that the prisoner spoke sensibly on common subjects, but said his manner was rambling and incoherent. He also said that the “prisoner seemed to be suffering under a delusion;” and again, that he seemed “under delusions upon religious subjects. He seemed to think that he had killed these persons from a sense of duty.” To the question of the Judge, “That is, he said so. He told you that he thought so?” witness replied, “Yes. He said he had done it from a sense of duty.”

In reply to questions by the judge, it appeared that, in the opinion of witness, prisoner’s insanity was chronic,

with lucid intervals. It did not appear to him that prisoner knew murder to be a crime, at the time of his visit. He thought prisoner was of sound mind at the beginning of the interview with his wife, which ended in her murder. In his opinion, prisoner had the sense of right and wrong just after the deed, when he said that if he had gone up to town he should have gone under sentence of death. He then knew that murder was a crime.

Another medical man, who had seen many cases of insanity, had recently examined the prisoner for a quarter of an hour, and believed him to be of unsound mind. This opinion was founded on his appearance and discourse, and a delusion of the mind which was, as he said, that the "occasion required him to commit the two murders committed." Prisoner had also told this witness that he did not consider murder to be a crime.

A surgeon stated that he had seen the prisoner once, on the day before the trial, conversed with him, noticed his demeanor, and came to the belief that he was subject to delusion, and consequently that at the time of the murder he was not in a sound state of mind, but under a delusion. This delusion was, that he had committed no crime. To the question by the Judge, "It was not a delusion as to any fact or person, but a moral delusion?" the witness replied, "A destructive tendency." He thought that prisoner knew he was to be tried for murder, and now understood what was going on. He believed him to be rational on most points; only as to his destructive tendency, and the murders. These he did not know to be crimes. Witness further considered that the form of insanity was homicidal mania, with a tendency to kill particular persons.

In answer to further questions, witness said the man had told him he was destitute and could not support them, and that therefore it was better to kill them ; and putting everything together—his wildness of eye, his rambling manner, his excited demeanor, and the way in which he spoke—he should say he was insane. And so he should judge from his conduct and demeanor in court, his wishing to conduct his own defence, &c. ; taking all things together—that among the rest—he thought the man insane.

MELLOR, J., in summing up the case to the jury said, the first question for them was, whether the prisoner was in a fit state to be tried, or in such a state of mental incapacity as to be unable to comprehend the nature of the proceedings and the evidence against him. If so, then that finding would be recorded, and he would be remanded until he was able to take his trial. If he was sane now, then the question would arise whether he was guilty of the crime of which he was charged. The defence set up for the prisoner was insanity. Not a sudden frenzy—not a sudden access of homicidal mania or fury, but, as was said, chronic and permanent insanity. Insanity now, and insanity then ; insanity such as to disable him from knowing right from wrong. Now, was the defence sustained ? It was for those who set it up to sustain it by evidence. By the law of England, every man was presumed to be sane until the contrary was shown. It would be most dangerous if it were otherwise. And when a person was to be saved from the consequences of his acts by this defence, it must be shown, from circumstances or positive testimony, that the person at the time of the act was in such a state of mind, from disease, as to be unable to comprehend the nature and quality of his acts, and to know whether he was committing right or wrong. A man might have been brought up unhappily, his mind might be ill-regulated and ignorant ; but these were accidental distinctions of which the law could not take cognizance. It was impossible to make all men equally moral or educated. And if these distinctions were so to be regarded, there would be an end of the criminal law altogether. Commenting upon the evidence of the medical witnesses for the

defence, the learned Judge observed that, after all, the jury must not give themselves up to such testimony, but must exercise their common sense and judgment upon it. Some medical men had theories about insanity which, if applied generally, would be fatal to society. Life could not go on if men who committed great crimes were to be deemed insane upon these theories. The standard of sense or responsibility they set up was far too high for common life and human society. And when medical men came and stated that, from seeing a man once or twice, they should say he was insane; and not only so, but that he was insane four months ago, the jury must exercise their common sense as to the grounds given for this opinion. The learned Judge, in commenting on the medical evidence for the defence, observed that the medical witnesses admitted (with one exception) that the expressions of the prisoner, immediately before and after the fatal act, showed that he understood its nature, and knew whether it was right or wrong. The learned Judge also observed, that it appeared from the evidence for the prosecution, that hysteria was quite different from insanity, and that the general manner and demeanour of the prisoner while he had been in gaol showed sense and sanity of mind. It was remarkable, he observed, that there was no evidence as to his insanity in any former period of his life. No one who had known him in his previous life said he was insane, or ever regarded him as being so. And, on the other hand, the gentlemen who had been in charge of the man from the moment of his apprehension to the present time, gave positive evidence that he was perfectly sane. Such was the direct and positive evidence on the subject of the prisoner's insanity. He need not say that the opinion of persons who had observed a man for months, was worth far more than that of those who went to see him once for the very purpose of giving evidence that he was insane. The jury must bear in mind that the man was to be presumed sane until the contrary was shown. And the jury could judge, in part, from their own observation of the prisoner's demeanour in the dock. So much, then, for the direct evidence upon the question. The case for the prosecution, however, rested a good deal upon the whole of the circumstances of the case, and especially the circumstances immediately surrounding the act in question. The jury were to consider whether these circumstances did not show that the man, at the time he committed the deed, knew that he committed a crime. It was not enough that some amount or degree of insanity

was shown. It must appear that the prisoner did not know that he was doing wrong. The learned Judge then read and reviewed the general evidence in the case, pointing out the circumstances relied upon as showing design and deliberation, especially the disguise made use of. Up to that time the jury must consider whether everything was not consistent with his being in the full possession of his senses. Upon the face of it, certainly, it looked as if he very well knew what he was about. The learned Judge then came to the evidence as to the circumstances of the murder, particularly commenting upon the conversations with the prisoner. This, he observed, was all very material as to the sanity of the prisoner. The learned Judge observed that the prisoner was seized immediately after the act, and therefore there was nothing in his not attempting to escape, as he must have known it was impossible, and so as to the avowal of the act, being taken in the act, how could he help acknowledging it? These were no proofs of insanity, and, on the contrary, all the other circumstances of the act seemed to show sanity. As to the motive of the act, the learned Judge observed that no one could dive into the heart of a human being, or divine the secret motives of his actions. The absence, therefore, of all proof of a motive was not of the same weight as its presence. But here there was an allusion to his being under sentence of death for another murder, which evidently meant the murder of the boys, for he said he referred to what "he had done behind," or "what he had left behind." Now, did the jury doubt that he knew he had done what the law regarded as a crime, the doom of which was death? It appeared that the prisoner just after the act was calm and collected, and the circumstances seemed to show great deliberation; and the statement he had written to read before the magistrates showed a consciousness that he had committed a crime. It was for the jury to say whether this was any evidence of insanity. No doubt, it was a strange and extraordinary document; but was there not "method in the madness?" Did it not rather show an aim and purpose to mitigate and excuse his crime? And immediately after writing this document, there were letters, and messages and a telegram, which seemed to show perfect sense. These were most material. These enquiries were most sensible and pertinent; did all this show any want of capacity to understand the charges against him? Notwithstanding all this, one medical man, and only one, said he was of opinion that he was not in a state to understand what was going on. But as to that, the jury must form their own judgment, and

upon the whole evidence they must consider whether they were or were not satisfied that he was now in a state to take his trial; and if so, then they must consider the next and great question, whether at the time of the act he was or was not in such a state of mind as to make that act murder? Every act of wilful killing of a human being was *prima facie* murder, and it was murder unless the evidence showed that the man was not in a state to know that, in the eye of the law, what he did was a crime. Was there anything in the case to satisfy their minds that, at the time he did the act, he did not know that it was wrong, and that it was a crime? If not satisfied of that, then (assuming that they came to a similar conclusion on the first question) they must find him guilty; if otherwise, then not guilty, on the ground of insanity.

The jury first pronounced their finding, that the prisoner was now of sane mind, and then they returned to the general verdict of "Guilty." He was sentenced to death.

The second case is that of *REGINA v. LEIGH*. *Lewes: Crown Court; coram Erle, C. J.*

Leigh was indicted for the wilful murder of one Harriet Harton, on the 1st of February, 1866.

The prisoner had been engaged in some service in China, and, on his return home, had married the sister of the deceased, and kept a public house. He was a young man of intemperate and irregular habits, and he had entered upon a course of senseless extravagance and dissipation, accompanied with a great degree of eccentricity and absurdity, but with no lack of sense or intelligence when he chose to exercise his faculties. And though he drank excessively, it did not appear to affect his head at all. He rapidly ran through his business, and was sentenced to imprisonment for wilful injury to the house.

When he came out of prison, a ruined man, he went down with his wife to Brighton, to see his sister-in-law, the deceased, and it appeared pretty plainly from the sequel, that his wife had complained to her sister of the prisoner's conduct, for on his appearing at the house of his sister-in-law, she showed the strongest aversion to admit him, an aversion mixed with apprehension. She knew that he went

about armed, and she evidently regarded him as a dangerous character, for, it appeared, that on the day but one before the murder, he and his sister-in-law were once heard talking together, and she was heard to say, "You shan't come in unless you are searched, for you have fire-arms about you:" to this he replied, "What is that to you, if I choose to carry them to protect myself?" She said to him, "You are a thief, a pirate, and a murderer." Upon this the prisoner turned to his wife, who was present, and said angrily, "Who told your sister, but you?" It was plain, therefore, that the deceased, at this time, regarded him with aversion and apprehension, and it appeared that it was in this spirit they parted. This was on Tuesday the 30th January, and on the night of the 1st February, shortly after midnight, the prisoner went to the house with a loaded pistol or revolver, and at once going up to his sister-in-law, standing within two feet of her, he fired at her through the body. She cried, "Save me, save me, I am killed;" he fired at her again, and shot her in the body. His victim fell mortally wounded, and died the next day; the prisoner, after his victim had fallen, left the house, and shortly after, two of the chambers of the revolver being still loaded, he resisted apprehension in the most determined manner, and attempted to shoot the police officer by whom he was arrested. In speaking to the police, he avowed premeditation.

For the defence, insanity was set up; no medical witnesses were called to support it, and all the evidence to sustain it was that of one or two witnesses who had known the prisoner for some years, and who spoke to senseless and eccentric extravagances of conduct, pulling his house to pieces, putting his horse in it (there being no stabling), and the like. But this evidence rather showed excesses, the result of self-indulgence, than any natural defect of intelligence. And for some of them, for instance, his pulling the house to pieces, he was prosecuted and punished. These acts, indeed, were mostly committed when he was drunk; and although an attempt was made to show that by drink he brought on fits of *delirium tremens*, the evidence failed to show either that this was permanent, or that there was a fit at the time. On the contrary, the medical evidence for the prosecution showed the prisoner's brain was not weakened, and expressions were proved to have been uttered by him which proved premeditation and design. And the medical officer of the Government proved, that while he was there, he had shown no symptoms of insanity.

ERLE, C. J., thus summed up the case to the jury. This, he said, was an indictment for wilful murder, and the prosecution had called before them all the eye-witnesses of the fact, whose evidence clearly proved the commission of the crime; and our law was, that if a person did an act which amounted to that offence, it was the duty of the jury to find a verdict of guilty, unless the prisoner could show that the crime was not one of murder. The evidence of the eye-witnesses clearly established that while the deceased woman, Mrs. Harton, was on her own premises, the prisoner went close up to her and twice fired at her, causing her death. The defence set up on the part of the prisoner was, that at the time of the fatal act, he was in a state of mind which prevented him from being responsible for his acts. Our law was, that a man was responsible for his acts, unless his mind was in a state which prevented him from being responsible for his acts. If he was conscious that he was doing wrong at the time when he committed the act, then he was responsible. The point was, the state of his mind at the time when he committed the act.

Now, no doubt there was evidence of extraordinary conduct some months previous to the time of committing the act, and if he had done it during the time when his conduct was of that kind, it would have been far more material for consideration: but no one was called to prove that after his confinement in the House of Correction, he was subject to any fits of insanity. There was some evidence of fits, but there was nothing to show of what nature they were. There was evidence of drinking, but it did not make him drunk. There was evidence of extravagance of conduct, no doubt, but not of a mind so diseased as to be incapable of distinguishing right from wrong. He did no wrong to any one up to the time in question. He was his own enemy; his own enemy in respect to money and the management of his own affairs, and the destroyer of his health. But there is nothing to show that he did not know all this was wrong. The jury must have all met with persons who were unaccountably imprudent in their conduct; but who were well aware that the course they were pursuing was wrong, and criminally wrong. The evidence to the conversation two days before the act in question, was worthy of consideration, as showing a probable motive for the act.

The words then used were strong and powerful, and such as might raise ill-feeling; the evidence of the conduct, just before the fatal act, showed perfect sobriety and apparent possession of sense. The evidence of the police inspector, as to what occurred immediately after

the fatal act, showed a consciousness of an act criminally wrong, for the prisoner was trying to resist arrest, showing that he was well aware that he had committed an act which in law was criminal. Then there was the evidence of the police, which was very remarkable, and tended to show, on the one hand, premeditation and consciousness of an act criminally wrong. Then the medical officer of the gaol gave most important evidence as to the state of the prisoner while he observed him, and stated that he had seen no traces of insanity. Supposing the prisoner's brain to have become weakened by repeated attacks of *delirium tremens*, he would be more liable to insanity. But the prisoner's brain had not, it appeared, become weakened, and, on the contrary, he was clear-minded, sensible, and intelligent. Such was the evidence, and he repeated that unless it was made out that the prisoner was not in such a state of mind as to be responsible for his acts, the duty of the jury was to find him guilty of the act he committed.

The question was, whether he was or was not responsible when he committed the act—not whether he was not guilty on the ground of insanity, that was an issue far too vague, indefinite, and undefined. The issue was, whether or not, when he did the act, he was legally responsible; in other words, whether he knew its nature, and knew it was wrong. The distance, indeed, between the extreme points of manifest mania and perfect sense was great, but they approach by gradual steps and slow degree. The law, however, did not say that when any degree of insanity existed the party was not responsible; but that when he was in a state of mind to know the distinction between right and wrong, and the nature of the act he committed, he was responsible.

A verdict of guilty was found by the jury, sentence of death thereupon pronounced, and the prisoner was duly executed.

It was a conclusion of Dr. Ray, unchanged, we believe, in the several editions of his "Medical Jurisprudence of Insanity," that "the course of practice of the English criminal courts has been in strict conformity with the principles laid down by Hale." Ten years ago, in his monograph "On Mental Unsoundness," Mr. Wharton

took occasion to deny the correctness of this conclusion, and declared that the decisions of English courts in the law of insanity "had kept pace, with almost equal step, with the advance of medical science." In replying to this,* Dr. Ray attempted to show that both the English and American courts were still governed by the legal dogmas of the seventeenth century. Now it has seemed to us that the views of both these eminent writers were incorrect, because too absolute and unqualified. In trials involving the question of insanity, no doubt English judges have always delighted to quote with approval the early doctrines on the subject. But they have often, at the same time, greatly modified their effect by a liberal and humane construction. This, we believe, was also true of American courts. At any rate, no one can say of the latter that they are now governed by the principles of Hale, or by any doctrines that could be deduced from them. The cases of *Huntington*, *Sickles*, *Mary Harris* and numerous others have transpired since Dr. Ray wrote, and moral, volitional and instinctive insanity have all been practically recognized in judicial decisions. Although hard pressed by medical authorities, it is certain that the English courts have yielded far less in this direction. Have they yielded at all? Certainly not, if the opinions in the two cases above cited are sufficient proof. Or have the logical absurdity and bad practical tendency of the moral insanity doctrines become so apparent of late, that a reaction has taken place in judicial opinions to the severe principles of ancient law?

However this may be, the principles laid down by Justices Mellor and Erle need not be controverted here.

* *Vide* JOURNAL OF INSANITY, vol. XII, p. 287.

The JOURNAL has never ceased to protest against them, as contrary to an enlightened humanity, and to the plainest teachings of medical science. It will be time enough to re-open the discussion of these relics of an age in which witchcraft was a crime, and theft of a shilling's worth punishable by death, when some attempt to meet the reasoning of Drs. Bucknill and Winslow in England, and Drs. Ray and Bell in this country, has been seriously made. We shall at present merely notice some points in the charge of Justice Mellor, and especially the commentary upon them in the reporter's notes.

The reporter asks particular attention to the questions put by the Judge* to the non-medical witnesses, upon the mental condition of the prisoner. These questions, he conceives, "are well worthy of attention, as illustrating the right view of the law;" which, as we shall see hereafter, he would have disregard entirely the moral and medical relations of insanity.

But they can have no weight as authority out of their connection with this particular case, and need not be dwelt upon. For the same reason, we shall not comment upon those parts of the charge in which the jury are told that, in order to excuse the prisoner from his crime, it must be shown he was "at the time of the act in such a state of mind from disease as to be unable to comprehend the nature and quality of his acts, and to know whether he was committing right or wrong." This direction was only applied to the particular issue then on trial. We do not find in the report any evidence of insanity, in any form or degree, being present, and in such a case are not called upon to say that the test of right and wrong was improperly applied. But an

* *Vide ante.*

expression at the close of the charge, whether it have any legal weight or not, is evidently meant to reduce the general defence of insanity to the narrow and inflexible test of the earliest English law. "Every act of wilful killing of a human being," said the Judge, "was *prima facie* murder, and it was murder unless the evidence showed that the man was not in a state to know that, in the eye of the law, what he did was a crime." This, of course, justifies the reporter's statement, that the decision would make the knowledge of right and wrong an universal test in cases of alleged irresponsibility for criminal acts, and the question of insanity purely and only a legal one, in which medical testimony would be of no value as such.

It will be enough to sketch for our readers the reasoning of Hale upon this subject, with the theories upon which it is based. He first treats of the incapacity of infancy, and then refers to it as a standard on the subject of insanity. A child under the age of fourteen is, *prima facie*, not to be held responsible for crime, "but if he be above twelve years old, and it appear that he could discern between good and evil at the time of the offence, he may be convicted." And this knowledge of right and wrong does not refer to a moral sense, but to a consciousness that others regard the act as a crime, and that punishment will follow it. Even in a child, it is the fear of punishment, which, if shown, warrants conviction, and not really the capacity to distinguish right from wrong. He then proceeds to treat of insanity, which is divided into congenital and acquired; or, in his language, into "born idiocy, and *dementia accidentalis vel adventitia*." The latter, he says, "proceeds from several causes, sometimes from the distemper of the humours of the body, as deep

melancholy or choler ; sometimes from disease, as fever or palsy ; sometimes from a concussion or hurt of the brain." He then divides insanity into partial and total. The former exists where there is not a competent use of reason "on particular discourses, subjects, or applications," or where the insanity "is partial in respect of degree." Simple melancholia is a form of partial insanity, and this should not excuse from crime ; for, he says, "doubtless most persons that are felons, are under a degree of partial insanity, when they commit these offences."

Then again, he lays down the following : "Accidental *dementia*, whether total or partial, is distinguished from that which is permanent and fixed, and that which is interpolated, and by certain periods and vicissitudes ; the former is madness, the other is lunacy."

That is to say : Insanity, including total and partial, is divided into that which is constant, and that which is interrupted by lucid intervals. Crimes committed in these intervals, "are of the same nature, and subject to the same punishment," as if no insanity had existed. He goes on to make still another division of insanity, into what—translating his labored descriptions into modern language—we now term mania and dementia. But whether the disease be mania or dementia, whether it be temporary or fixed, it must be total at the moment of the crime, to excuse from legal responsibility. And further, in the words of the reporter :

It is manifest that Hale would have required proof of a total loss of reason and understanding, such as to prevent the person from knowing that he had done what those around him, and the law, deemed wrong and punishable. Next, that this would be a *mental*, not a moral incapacity ; and, tested by *acts* and evidences of understanding those around, not by any nice investigation of physiological

phenomena; further, that the same incapacity which would prevent criminality, would prevent trial, and no *less*; and, on the other hand, that the utter want of understanding which would preclude trial, and no *less*, would preclude criminality.

All this, the reporter maintains, still represents the law of lunacy in England, and is the ground of the two decisions we have quoted. In illustrating this point, he takes up the celebrated case of Earl Ferrers, (*R. v. Earl Ferrers*, 19 *St. R.* 333.) His conclusions are as follows :

In Earl Ferrers' case the House of Lords virtually rejected medical evidence upon a moral theory of hypothetical insanity; holding that insanity in a legal sense was not a *moral* question, but a practical question, and to be proved or disproved by the testimony of people who had known and dealt with the party prior to the act. In other words, the doctrine laid down by the Lords was a logical deduction from the doctrine laid down by Hale. Any later cases, in which there has been a departure from that doctrine, are marked by the most manifest confusion of ideas, and have tended to involve the subject in hopeless perplexity, from which it could only be rescued by a recurrence to the sound practical doctrine of an earlier and more sensible age. It was, however, before the present time laid down that, to excuse a man from punishment on the ground of insanity, it must be proved distinctly that he was not capable of distinguishing *right from wrong* at the time he did the act, and did not know it to be an offence against the laws of God and Nature (*R. v. Offord*, 5, C. & P. 168.) The confusion was in bringing in the latter element, which is purely moral and not legal.

Finally, in closing this exposition of English law on the subject of insanity, we give the test laid down by Hale, to distinguish between that partial insanity which does not excuse from crime, and a total insanity :

The best measure that I can think of is this; such a person as, labouring under melancholy distempers, hath yet ordinarily as great understanding *as ordinarily a child of fourteen hath*, is such a person as may be guilty of treason and felony.

The kind and degree of insanity which must be found in order to avoid a legal responsibility for criminal acts, are thus set forth in the latest decisions of leading English courts. We do not hesitate to say, that this test, the product of an age of comparative ignorance and inhumanity, is false to well established science, and contrary to the spirit of a more humane civilization. It will not be denied that this JOURNAL has been a steady advocate of conservative principles in the medico-legal relations of insanity. To certain doctrines which have been propounded by the highest authorities in mental medicine, and recognized in many judicial decisions, we have strenuously objected, for the reason that they would extend the shield of irresponsibility over the whole criminal class. But it is plain that the principles embodied in these decisions would lead to an opposite and more fatal error. On their strict application, we believe that more than three-fourths of the inmates of our insane asylums would be found responsible for their acts. Of those who have escaped conviction for crime on the ground of insanity, a much larger portion would be remanded for sentence. For if, as the reporter says, "the incapacity necessary to exempt from criminality is the same in degree as that which exempts from trial," then the fact of trial would be itself proof of responsibility. We freely admit that responsibility in cases of insanity is not a question to be decided in the light of psychological theories. But neither is it to be tried by the unyielding test of a legal formula, whose recommendation is, that "the hopeless perplexity" of law logic can be relieved in no other way. It is indeed, and solely, a "practical question." Let it be committed then, as any other question of fact, to the common sense of a jury, with the least possible reference to legal rules or medical abstractions.

ON MORAL INSANITY.*

BY DR. JULES FALRET.

The question of reasoning insanity (mania without delirium, moral insanity, or insanity of the acts), now before the Society, is one of the most comprehensive and difficult of those which belong to our specialty. It presents many aspects, and may be looked upon from many different points of view. At all times it deserves to be carefully studied, and to be made a subject for public discussion, but such discussion is especially opportune at a time when so many unjust charges are made against medical alienists, in cases of pretended illegal and arbitrary sequestration. For, it is in those kinds of insanity presenting certain characteristics similar to what are found in the normal mind that diagnosis is the most difficult, and in which physicians are more apt to be accused of wrongly predicating mental disease by philosophers, magistrates and the public, who will see nothing in such cases but simple obliquity and eccentricity of character.

The clinical study of the several varieties of insanity

*This article forms the first part of a paper read by its learned author at the opening of a discussion upon moral insanity, begun at a meeting of the *Société Médico-Psychologique*, in January of the present year, and continued during several following sessions. We shall publish the remaining parts of this important essay in future numbers of the JOURNAL, and shall also attempt to lay before our readers the substance of the discussion which followed it. The whole will be found of great interest, as presenting the views of the most celebrated French psychologists upon a subject which has commanded so much attention in this country.

brought together provisionally under the vague terms, reasoning insanity, moral insanity, mania without delirium, or insanity of the acts, would require a volume. I cannot undertake to give, in a single discourse, an outline even of such a work. My purpose to-day is, simply to indicate in brief the principal points in this vast and complex subject, which seem to me most worthy the attention of the Society, and, in a manner, to trace the line of inquiry which we ought to pursue in the discussion now to be opened. Without this precaution, in fact, the discussion would be in danger of wandering into vague generalities, and metaphysical discourse without practical application. It is thus important in the beginning to specify the subject of debate, and to define precisely the limits within which it is to be discussed.

I shall, therefore, divide this discourse into four parts : 1. the psychological ; 2. the pathological or clinical ; 3. the administrative or legislative ; 4. the medico-legal. These, it seems to me, are the four principal aspects under which the question should be examined.

1. *Psychological*.—In a society at once medical and philosophical like our own, it is impossible not to notice the psychological side of the question of mania without delirium. It is, I think, the least important for the solution of the practical problems which we have in view, and I shall dwell much more at length upon the pathological or clinical division of my subject. Yet I cannot refrain from calling to it the attention of the Society.

The psychological discussion of reasoning insanity ought, it appears to me, to be directed upon two principal points. The first is, to determine whether each of the mental faculties may act separately from the others, or if it is only possible for all to act together as a strictly

combined whole, both in a state of health and of disease ? The second point is, to define, in theory, the limits between sanity and insanity. I shall offer a few words upon each of these points in the discussion.

In the first place, may the moral powers be separately affected by disease, without concomitant disorder of the intellectual faculties, or, on the contrary, does there exist in all cases without exception, and notwithstanding the greater manifestation of disease in one of these departments, a lesion, at the same time, in both the grand divisions of mind ? This is the first question to be considered in regard to moral insanity, and, above all others, the fundamental one. For the essential and characteristic fact, upon which this form of insanity has been based by all who have admitted it, is the idea of an exclusive lesion of the feelings or the instincts, without disorder of the intelligence. It is upon this ground that the discussion has proceeded since the beginning of the century. It has been asked, whether there really exists such a thing as insanity without delirium (moral, affective, or reasoning insanity), in which the feelings and instincts are alone perverted, while the intelligence remains perfectly intact ; and from this clinical question has arisen the more general inquiry, as to the necessarily united or possibly separate action of the human faculties, in health and disease. This subject has already been several times brought before this Society, either in connection with the legal and psychological aspects of monomania, or with the question of partial responsibility. I shall not, then, dwell long upon it at this time.

I shall only say, that for my part, I firmly believe, theoretically and practically, in the perfect unity of action of the various mental faculties, both in the sane

and the insane. In reasoning or moral insanity clinical observation proves, in my opinion, that there may be a great excess of disorder in the moral or instinctive faculties, but that it is never entirely absent from the intelligence. Psychologists do not admit, in the healthy mind, the distinct existence of the several faculties, except as a convenience of study. These faculties are then, in reality, only different modes of action of one indivisible mind. They can no more act separately in a state of health, than they can be affected separately by disease. Several faculties always coöperate for the production of each one of our mental acts; and thus every one of these is a product of the simultaneous action of more than one of the primitive powers of the mind. So in disease, there may and often does exist a predominant lesion of a single faculty, but there is never an affection of one alone, the others being left entirely untouched.

The fundamental error in all the writings of medical alienists, of every country, since the beginning of the century is, that they have transferred into mental medicine, without change, the classification of the faculties laid down by professed psychologists for the study of the normal mind.

The phrenological school especially, and Gall, its founder, at its head, have taught this complete division and possible isolation of the human faculties. It has even endeavored to assign each one of them a particular seat in the brain, and has desired to find, in pathology, examples of separate lesions of these faculties, corresponding to each of the propensities, instincts, affections and intellectual powers. Thus distinct monomanias have been created, based on the disorder of certain propensities, such as to murder, robbery, etc., etc.

Pinel had already entered upon this course marked out by the philosophers, by creating, as a distinct species, *mania sans délire*, characterised by an exclusive disorder of the feelings and propensities, without lesion of the intelligence. Esquirol followed his illustrious master in this direction, by dividing monomania into the affective, the instinctive, and the intellectual; and if at first, in his article on monomania, he did not recognize a *monomanie instinctive homicide*, yet afterward (in his memoir on homicidal monomania), he acknowledged such a disease, in admitting the existence of certain facts showing that the propensity to murder might be manifested without disorder of the intellect.

In England, Dr. Prichard has likewise admitted, in his work on mental diseases, moral insanity as a distinct species, based also upon lesion of the feelings and instincts only, and which nearly corresponds to the *mania sans délire* of Pinel. Since his time the English physicians have, for the most part, accepted this form of insanity, as described by him.

In Germany, the medical alienists of the first part of the century, such as Reil, Heinroth, Hoffbauer, etc., also sustained the reality of an insanity without delirium; but in 1822, Henke, the celebrated founder of the journal of legal medicine which is continued to the present time, began to question this prevalent doctrine. Since that period the contest among German physicians upon this capital question has been very animated; but, little by little, the opinion first maintained by Henke has finally triumphed, and it is to-day the dominant one in Germany. Professor Griesinger, in his treatise on mental diseases, asserts, in effect, very distinctly, that there is no such thing as insanity without lesion of the under-

standing. He even goes so far as to say (p. 355), that the creation of *mania sans délire* by Pinel was a misfortune for science.

In France, in 1810, my father, in his thesis, commenced the reaction against the opinion of Pinel, by denying, absolutely, the existence of *mania sans délire*. Since then Marc, Georget, and most of the disciples of Pinel have sustained the doctrine of their masters, and the possibility of the separate lesion of the intellectual and instinctive faculties in insanity is yet generally admitted among us. Nevertheless, many medical alienists have begun to abandon this extreme position, and, for my part, I am convinced that the more rigorous and complete study of the facts now brought arbitrarily together under the name of *folie sans délire*, will lead all conscientious observers to admit the correctness of that doctrine which is to me a demonstrated truth, namely; that there does not exist in mental disease an isolated lesion of the feeling or of the instincts,—in other words, that there is no such thing as *folie sans délire*.

The second psychological question to be examined, in the consideration of reasoning insanity, is that of the limits which separate reason from madness, and the marks which serve to establish a line of demarkation between these two states, in difficult cases. All those who to-day bring objections before medical alienists, urge the difficulty which has always existed in forming an exact definition of insanity, and laying down a precise limit between it and sanity.

The distinctive marks which have been sought to be established, as an absolute criterion, in the diagnosis of insanity are, in fact, insufficient. Some of these are very important and useful, but none will apply to all cases without exception.

The first of these characteristics, offered as a means of defining insanity, and distinguishing it from reason, is contained in the statement that insanity is the loss of free will. This definition is already an old one. M. Morel has adopted it in his "*Clinical Studies*," M. Renaudin, in his "*Medico-Psychological Studies*," and M. Baillarger, in his "*Lessons*," and in his essay on classification. But to define insanity thus is evidently to proceed in a circle, and to replace one question by another. For after such a definition there still remains to be asked, by what signs can we determine whether a person under examination has, or has not, lost his freedom of will. This definition is not, then, admissible in theory even, and can be of no utility in practice.

A second means of diagnosis has been proposed, to distinguish between the insane and sane. An insane person, it is claimed, is not conscious of his insanity. He has false ideas, involuntary impulses, illusions and hallucinations, without being conscious that they are false and morbid; while the sane person, attacked by any malady whatever, always knows perfectly that he is sick, and is conscious that his condition is not a normal one. But what is thus claimed as a diagnostic mark between the man of sound mind and the insane person, is of no real value. The sane man, in fact, often fails to recognize in himself a morbid condition which others have observed, and, in a psychical point of view, he very seldom discovers his illusions. This agrees with the old adage, "*Man is ignorant of himself.*" As for the insane, all who have observed a large number of them know very well that there are many who, being perfectly conscious of their condition, strive with energy against their disease, against the impulses or delusions which

overcome them in spite of all their efforts. There are those who even exaggerate their insanity, and are alarmed and afflicted by it, without, however, being able to rise above it. They are morally what the hypochondriac is physically. M. Delasiauve, among others, has called attention to this consciousness of insanity, as belonging especially to those whom he has classified under the name of pseudo-monomaniacs. This characteristic, excellent in a great number of cases for distinguishing sanity from insanity, is not, then, applicable to all, and can not be considered an absolute criterion.

A third means, much better than the foregoing, admitted by all alienists to be of a real importance, and which is used every day in the diagnosis of insanity, is the comparison of the individual with himself at several periods of his life. My father, in an article on mental alienation published in 1838, insisted with much reason upon the incontestable value of this characteristic, and Prof. Griesinger (*Traité des Maladies Mentales*, trad. franc, p. 136) also points it out, as one of the surest means for arriving at the diagnosis of insanity. But this test, very useful in most cases of insanity, is not applicable to all without exception. In certain cases of that reasoning insanity, for example, which we are now considering, this means ceases to be of advantage.

There are, in fact, some individuals predisposed to insanity from their birth, the disease having its source in their ascendants, and who from the earliest period in their life manifest in their ideas, feelings and propensities such marked peculiarities, that they are distinguished even in infancy from other children, and bear thenceforth the indelible marks of insanity. These signs of a predisposition to mental disease the medical alienist recog-

nizes at a very early period. They become more and more distinct as the child advances in years, especially at the age of puberty, and sometimes later. The development of insanity thus proceeds, little by little, the disease blending itself by insensible shades, so to say, with that mental predisposition which has formed the normal character of the individual from his birth. When, finally, the insanity bursts forth, or becomes apparent to all, it is not easy to say at what moment it has really begun, for the reason that it has an almost uninterrupted continuity with the previous mental condition. In these cases, rare certainly, in which the disease is only an exaggeration of the natural character, the comparison of the individual with himself ceases to be a useful test. Yet such a condition is what is usually found in reasoning insanity, which is frequently hereditary, and involved in the primitive constitution of the patient.

Philosophers and magistrates have admitted many other theoretical tests for distinguishing between passion and madness, between an error of reasoning and a delusion ; but these distinctive signs are even less sufficient than those already mentioned, and will not bear examination in the light of a truly medical experience. Thus, for example, it has been said that the passion of a sane man has its motives, and an object having a real existence in the external world, while that of an insane man has not. The words of a sane man, it is declared, naturally follow from his delusions, while there is an inconsequence in the language of the insane, and their words are contradicted by their acts. Again, it is said that the insane cannot discern between good and evil, while the man under the influence of passion or criminal

motives, knows perfectly that he is doing wrong. To this has been added, that in the insane the tendency to an act is irresistible, while the sane man has always the power of restraining himself at the moment of the deed; but this is, evidently, only another form of that reasoning in a circle, noticed in regard to the question of free will. It would still remain to be pointed out, how to determine, in each case, the amount of resistance possible to the will, or the irresistibility of the impulse.

Finally, it has been affirmed that the insane are impelled involuntarily to the commission of indiscriminate acts, without motive, reflection, combination or premeditation; while this is not true of the passionate and wicked.

But daily observation proves, on the contrary, that the insane often contrive with much pains before acting, and that the number of those who commit so-called criminal acts from a motive having its source in delusion or passion, is far greater than that of those who act under an impulse which is purely instinctive, and without motive. In proof of this, we need only cite the difficulty experienced by Esquirol, when he sought to find examples of instinctive homicidal monomania, after having begun by denying their existence. All these means of diagnosis, based upon the character of the acts, the passions, or the non-morbid aberrations, opposed to those of insanity considered generally—characteristics derived from philosophers and magistrates—are, then, insufficient for the physician. To him a more certain basis is necessary; and this basis can only be in the patient himself, or, in other words, in clinical observation.

The physician ought to seek his criterion for the diagnosis of insanity in pathology, and not in psychology.

Now this criterion exists in the very fact of the disease itself, which is made up of physical and moral symptoms, manifested in a certain order ; that is, of a combination of signs, and not of one alone. It is, in my opinion, by the aid of this criterion that the physician may arrive at the practical solution of the most delicate questions of the diagnosis of insanity, and of legal medicine in its relations to the insane.

The facts which have been brought together, artificially and provisionally, under the names of reasoning, moral, affective, instinctive and lucid insanity, are of all the forms of insanity those which have caused the most strife and discussion, and which present, in practice, the greatest difficulties in diagnosis. They are situated on the limits between reason and insanity ; between natural eccentricities of character compatible with sanity, and more pronounced disorders of the intellectual or moral faculties, the pathological nature of which cannot be contested. In some cases there may be a fluctuation, for a certain time, between the last degrees of the descending physiological scale, and the first of the ascending pathological series. There are cases, in fact, still more difficult to decide upon, especially at a certain period of the evolution of the disease, on which the medical alienist himself may hesitate to pronounce, and in respect to which it may be doubtful whether there is confirmed insanity, or simply a predisposition or incubation, a prodromic period, or, indeed, one of convalescence and commencing cure. In these cases, so difficult of diagnosis, the conscientious physician requires more light to resolve his doubts, to put an end to his perplexities, and to discover other and more conclusive data upon which to base his judgment, than we actually possess. Now, as I have

just said, it is not in the psychological, but in the pathological field that he will find, to-day, the new material for the solution of so nice a question. For seventy years the most celebrated medical alienists, and the most eminent thinkers, have labored perseveringly to arrive, by the way of psychology, at a general definition of insanity, and to make a scientific distinction between passion and madness, the mental error of the sane man and the delusion of the insane. They have discovered, it is true, several important distinctions, of which we should all avail ourselves, and which are now definite additions to science; but they have encountered, at the limit of their researches, almost insuperable difficulties, and have been able to draw no fixed line between reason and insanity considered generally as two distinct entities, as abstractedly and in theory two things diametrically opposed to each other, and having certain essential characteristics.

If we continue to state the problem in these terms, it will remain always insoluble. This direction of scientific effort, in which we are wrong to persist, is that of psychologists, moralists and magistrates, and is not that of the physician. It has accomplished all that it can, and by continuing indefinitely in this course, we make all progress impossible. It behooves us, then, to withdraw from a path which has no issue; to change our point of view and the direction of scientific inquiry; to enter, in short, the field of pathology by studying directly, with the aid of clinical observation, the characteristic symptoms of disease, the discovery of which has been vainly sought through the abstract processes of psychology.

The time has now come, when by following in the

direction of pathological study, already entered upon with success by many of our predecessors and contemporaries, in France and abroad, we may arrive, in the diagnosis of insanity in general and that of reasoning insanity in particular, at practical results of great importance, which I shall condense in the following propositions.

To judge of the mental state of an individual under examination ; to ascertain whether he remains yet within the limits of health, (with all the infinite varieties of character and capability which cause men to differ so profoundly,) or belongs to that large class of those laboring under cerebral disorders, with loss of reason and free will, let us not be content with studying a single aspect of his understanding or feelings, in the predominant idea or sentiment which first strikes us, or the criminal act to which the magistrate has called our attention. Let us not say of him, Here is a monomaniac who manifests jealousy, love, religion or ambition, in a manner that is not that of a reasonable man. Let us not say, Here is a wicked creature, violent and passionate, or else a person dominated by an idea which is fixed, eccentric, unusual strange ; and then ask ourselves whether this passion or fixed idea is held within the limits of health, or had characteristics which permit it to be viewed as the product of disease. If we have to do with an act before the tribunals, let us not say, This person has committed an extraordinary act, a robbery, an incendiarism, a murder under exceptional circumstances, or a deed of monstrous lust, and, therefore, has been moved by a propensity to murder, robbery, incendiarism or lust, amounting to a disease. We ought not to declare that the act which has been committed is so strange in itself, in its motives, and in the circumstances which

accompanied and followed it, that it can be attributed to nothing less than a derangement of the reason, or to disease. Let us not say this, for it is possible to show us in the sane man an uninterrupted series of facts analogous to these, which will lead us, by insensible transitions, from reason to insanity, from passion to disease, without it being possible to make the precise line of division, and thus render our diagnosis very embarrassing.

But let us examine the individual in another manner. Let us completely change the terms of the problem to be solved, and we shall then discover a new light upon our uncertain path. Instead of taking into especial consideration the most striking fact presented to us, the dominant passion or idea, which seems to be the only point of departure for other ideas, or for the conduct of the person under examination; instead of fixing our principal attention upon the act with which he is charged, and which is submitted to our investigation, let us abandon this narrow and exclusive point of view, to consider the individual as a whole, in his entire physical and moral constitution, in his past, his present and his future. Let us make, in a word, a medical examination, as we would in the case of a patient laboring under any other form of disease.

Let us, then, cease to waste words in discussing the fluctuating and arbitrary limits which theoretically divide sin, passion and natural mental errors, from the morbid ideas and feelings of insanity. Let us study, clinically, the whole body of physical and moral phenomena which the history and present condition of our patient afford. Let us bring together all who have any knowledge of him, and trace back as far as possible into

his past, even to his birth and ancestry. Let us inform ourselves of all that he has said and done, for a long time previous to the period at which his mental condition is to be determined. Let us question him, personally and through others, and by the help of all these data, gathered from the past and the present, let us build up the history of his entire life. In a word, let us make our observation complete, instead of confining our attention to the point which is most prominent, or has first attracted our notice. Again, let us compare the individual with himself at different periods of his life; with the modes of thinking, the conduct, ideas, feelings and acts common to men in the same condition of life as his own. Let us judge him by the criterion of common sense, and in the light of the prevailing ideas, the manners and social customs of his age. Let us see if his conduct has conformed to general good sense, or if he has not set himself too violently against all those common ideas, received notions, and minor customs which are the basis of the general reason of mankind. For in this standard of common sense, with the numerous variations possible to it in individual cases, lies the primary point of comparison for us, by which, in the last analysis, we may decide between reason and insanity.

But, above all, let us be certain that if insanity is present, it does not consist alone in an idea, a feeling or an act, emerging unexpectedly from a mind otherwise free from disease, or in connection with a physical organism the functions of which are perfectly normal. We may be sure that the person in whom we have discovered something unusual, which suggests the possibility of insanity, has at the same time, or has previously had, other and more complex symptoms of moral and physical

disorder. If, then, we seek carefully in all the bodily organs, and in all the intellectual and moral manifestations, we shall discover numerous morbid phenomena, forming a complete body of facts, and succeeding each other in a definite order ; that is, there will be a progress, with its periods of intermission, and, in a word, all that really belongs to a pathological condition. To sum up what I have said : If we would be able to demonstrate the existence of mental disease in a case brought before us, we must find, besides physical symptoms, many psychical ones in the spheres of the intellect, the feelings and the instincts, and also a certain progress, or pathological evolution, with periods of incubation, invasion, remission and exacerbation ; that is, phenomena variable in their nature or intensity according to the moment at which the patient is observed. Here is the true criterion, by the aid of which the physician may form a diagnosis of insanity, with a certainty far greater than he could attain through the means furnished him by philosophers and magistrates : *A mental disease is a pathological state, denoted by physical symptoms, by many [multiples] psychical symptoms, and by a definite progress in the order of their succession.* These are the three indispensable means for recognizing insanity in general, and for distinguishing it from passion and those eccentricities of character which are compatible with a physiological condition.

Only a single step yet remains to be taken in order to complete this diagnostic, and give it a more scientific precision. Unhappily, this completion is not possible, in the present stage of science. It requires new investigations, and it is toward this end that all our efforts ought now to be directed. The physician must be able

to class the particular case under examination with a series of cases, the description of which shall be accepted by all as a distinct variety or species of mental disease. He will then possess a true diagnostic, with which he may leave the region of vague generalities, and rest upon the practical ground of clinical observation. Such a step will correspond to that which was made in general medicine, when, from being limited to a general knowledge of the existence of lung disease in a patient, the physician became able to diagnose pneumonia, pleurisy or tubercles.

Upon many points in mental pathology we have already made a similar progress. We now recognise, for instance, a patient attacked with general paralysis, in its various stages. So, also, in regard to epileptic insanity, alternating insanity, mania of persecution, etc., etc. The particular case which we have to examine is readily placed in a well known category, described in science, and having really typical characteristics.

Well, that is what we should seek to accomplish for those mental troubles at present so vaguely and artificially united under the names of moral, reasoning, lucid, and instinctive insanity, and insanity of the acts. These terms now represent, in fact, no distinct idea, no definite form of mental disease. They include under one name, and without any precise limits, very different conditions, which we should endeavor to separate clinically, in order to class them in a certain number of distinct groups, capable of a scientific description.

Some of these groups may even now be detached from that indefinite class termed moral or reasoning insanity. There are others, on the contrary, of which the precise distinctive characters, and the pathological evolution, have as yet escaped us. These can be appreciated by

the physician only by the aid of the general means of diagnosis in insanity, which we have before noticed.

To set forth, briefly, the varieties of reasoning insanity already clinically known to us, and afterwards to point out those which remain to be discovered, will be the object of the second part of this discourse.

BIBLIOGRAPHICAL.

A Manual for the Classification and Education of the Feeble-Minded, Imbecile and Idiotic, by P. Martin Duncan, M. B., London, Honorary Consulting Surgeon to the Eastern Counties Asylum for Idiots and Imbeciles, and William Millard, Superintendent of the Eastern Counties Asylum for Idiots and Imbeciles.

Idiocy and its Treatment by the Physiological Method, by Edward Seguin, M. D. New York: William Wood & Co.

The literature relating to the education of idiots, is as yet very scanty.

Two or three books from the French press, written more than twenty years ago, and then nothing more till the present year, when were published the two books whose titles are placed at the head of this paper. The interval has given birth only to the occasional reports of the various institutions in which the work was prosecuted, and a few brief pamphlets and reviews based upon these documents.

Apparently those who by experience might be supposed qualified to write intelligently upon the subject, were too busily occupied in the labor of organization, to

find time to put on record the principles that guided them or the methods they were led to adopt in accomplishing their purposes. Perhaps the results attained in each field of observation, seemed too scanty to form the basis of any proper general conclusions. As the spell has now been broken, and as the views given to the public are suggestive in various directions, we may doubtless look for still further contributions upon the subject.

Two books issued about the same time, upon the same subject, naturally invite comparison. When we add that one was written by persons connected with an English institution, and the other by a Frenchman, in part from a study of the characteristics of American institutions, it might rather be said that it provokes comparison.

The first work whose title is given at the head of this article, has a double authorship. It embodies the results of the experience of the honorary consulting surgeon and the Superintendent of the Eastern Counties Asylum for Idiots. The function of this last officer would seem to be in the main, that of instructor.

Dr. Seguin, the author of the second work referred to, is known by reputation, to all who know anything of the history of the education of idiots. A former work from his pen, published in 1846, was the only text-book available, for many years, on the management and education of idiots.

In this country, this fact has been acknowledged generally, by suitable tributes of indebtedness to its author, by the Superintendents of institutions established for the purpose of educating idiots. In England, judging by the reviews and pamphlets that have fallen under our observation, his labors have been equally recognized. Nevertheless, if these books are representative books in

any sense, of the principles and methods that rule in the practical work of educating idiots in England and America, it is obvious that a wide difference exists in the use that has been made of the original text-book.

Much of the diversity of practice in the two countries, is evidently owing to the difference in the organization of their institutions, in the mode of admission of pupils, and in the means of their support.

In England, the asylums for idiots are under the control of a very complicated organization. There are "Patrons," with presidents and vice-presidents; Boards of Directors, (too numerous to act efficiently, one would suppose,) with honorary medical officers. A Superintendent (non-professional in some cases,) whose function seems confined to the work of instruction, and then subordinate officers who are apparently, in some degree, independent of each other.

That this multiplication of officials, honorary and actual, is not a certain method of securing public confidence in the management, is seen in the fact that in the reports of the institutions, certificates are presented from the Commissioners in Lunacy and also "Visiting Justices."

The means of support are furnished by the annual donations of benevolent individuals. In some instances these subscriptions carry with them the right to vote on the admission of pupils. Thus, an annual subscriber of half a guinea, is entitled to as many votes as there are cases to be elected, and to an additional vote for every additional half guinea.

The knowledge of the cases proposed for admission is confined to the condition, pecuniary or otherwise, of those upon whom their support depends. There are obvious evils that grow out of this dependence upon annual sub-

scriptions, and the consequent subserviency to the wishes of the multitude of patrons.

Not the least of these, perhaps, may be reckoned the fact that the results aimed at in the management and training will be such as make the greatest impression upon the patrons, while the more practical ends of their instruction, as less showy, may be neglected.

In this country, on the contrary, these institutions are State institutions. That is, established by the State, in accordance with a general policy of extending a suitable education to every class susceptible of education within their limits. Trustees appointed to represent the interests of the State, determine the eligibility of all persons for whose admission application is made, in accordance with such regulations as they may have established for their own guidance.

The immediate charge of the institutions is vested in a Superintendent; always a medical man, who is its executive officer, and whose powers are ample for fulfilling the designs for which it is established.

He is always physician, for the reason that while the function of the institution is mainly educational, it is from the nature of the subjects of instruction, a physiological education. Besides, the work is not infrequently complicated by the existence of impaired or diseased physiological conditions.

Without a recognition of the fact and the application of suitable means to obviate the underlying or accompanying infirmity or disease, all efforts at instruction will measurably fail. Nor can the reflex influence of educational means upon the abnormal conditions in the pupils be properly estimated and made available, except by a professional Superintendent.

That this is scarcely appreciated in the organization of the English asylums, is evident, from page 170, of the Manual whose title is given at the head of this article. We read, "All cases under tuition, should be examined now and then by a medical man, and any signs of illness or any unusual perversity of temper, should be brought before his notice at once." A note at the bottom of the page explains the writer's meaning. "A properly qualified medical man's services should be obtained in all cases, and the responsible managers of asylums, homes, the parents, attendants and nurses, should never venture to 'physic' on their own account."

It has been said that the circumstances connected with the almost simultaneous appearance of these two books, provoke comparison. The embarrassment that might attend such a comparison of the two books, for reasons not necessary to enumerate, is obviated by the fact, that we are furnished by an English critic with the means of presenting the character of the English work. With this in the reader's mind, it is only necessary to give an outline of Dr. Seguin's work, and he will then be able to make for himself the comparison suggested.

Says a Reviewer in the *English Journal of Mental Science*, (we give his comments without the extracts from the book in question by which he illustrates their propriety:.)

Our disappointment with this manual, is one which we cannot conceal from ourselves, and which we think will be participated in by every reader who opens its pages for instruction. There is throughout an entire absence of any great general principles, while there is a superfluity of sentimentalism and of trivial detail. Ill conceived and not well written, the subject matter presents a striking contrast to the style and binding with which the Messrs. Longman have issued it from the press. The absence of principle is one of the main causes,

in our opinion, of our author's failure; and the division of labor has not tended to the production of a coherent and well digested book. We can trace in it some of the matter from the pen of one of the author's which has appeared in the pages of this Journal, and this constitutes the most valuable part of a composition, the bulk of which is of a trivial nature.

The book opens with some general remarks on Idiocy, its symptoms and characteristics, *general*, we may truly say, for the way in which statements are made and contradicted is somewhat amusing. We may instance a few examples.

The condition known as that of the idiot, imbecile and feeble-minded, implies inseparable mental and bodily deficiencies. It may be stated as a general rule that the greater the bodily defects, the greater the idiocy. It is sufficient to assert that many undoubted idiots have well-shaped heads, handsome faces, and well-turned limbs; whilst many of the feeble-minded, who are higher in the scale of intelligence, have ill shaped heads, repulsive faces, and great deformity.

Altogether, the description of the characteristics of idiocy, is so vague and indefinite, that we are at a loss to imagine to whom it can be of any "practical value." To be told that sense of feeling *may be* universally dull, or universally great; that the skin *may be* discolored; that the sense of smell *may not* exist; that the power of moving the eyes *may be* deficient; that the eyelids *may be* imperfect; that the external ear *may be* large and malformed; that the saliva *may be* greatly increased in quantity; that the heart's action *may be* weak; that the appetite *may be* voracious; that there *may be* general inertness of the body; that there *may be* many kinds of to-and-fro movements of the body, hands, &c., *may be* true, but we suppose that the authors might with equal propriety, and, as far as we can see, utility, have used *may not be* to their numberless assertions. * . * .

The next subject treated of, is that of classification, which we must dismiss in a very few words, as it is not very easy to understand the principles on which it is based, and which appear to us to interfere with former systems of classification, without presenting anything new on which the prognosis or treatment may be satisfactorially based. The authors appear to us to wrest imbecility from its proper meaning, and to apply it to dementia and several other conditions, provided they are non-congenital. This chapter, however, contains pictures from nature in illustration of the scheme adopted, and which appear to us to be the most meritorious part of the book.

In the chapters on management and training of the different classes of idiots, much of the trivial matter previously referred to is to be found.

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Heads of families in which there is an afflicted one, will be surprised to learn that "*any* pet animal should be in the sitting room;" while they will, after they have acquired the meaning of "where one room only is to be had, or *not even that*," be thankful to be told that "care must be taken to preserve the case from fire, and to make everything as clean as is possible," and "all valuable breakables should be put out of the way."

In the matter of clothing there are suggestions of a parallel character. Thus, we are told that a cold day at any time of the year necessitates extra clothing, and a cold night an extra blanket," that "comforters and thick gloves should be worn in winter," that "the girl's bonnets should be neither too large nor too small," that "pulling up the trowsers can be prevented by using straps under the boots," that, "those who do not take care of their clothes should be told of it occasionally," that "good canvas blouses and pinafores are very useful," that "the night clothing and bedding for both sexes require to be like those of ordinary children," that "the ordinary morning washing should be remembered," that "it should be managed so as not to be made disagreeable to the young," and that "there is no necessity for allowing the soap to get into the eyes and mouth," that "combing and brushing the hair, as a rule, must be attended to by a nurse."

We forbear to quote from the chapters on the moral and religious training, as we could scarcely trust ourselves to characterize the tone of them.

As to the medical treatment, the remarks are perfectly valueless to the unprofessional reader, who would scarcely be practically enlightened as to the use of phosphorus as a nervous stimulant, or would venture to use sulphate of zinc "after meals" to "assist the general routine of training," and to whom "plumbi acetas" and "iodide of potassium" would be scarcely ready remedies; while the professional reader, if he wades thus far, will be amused to be informed that "tinct. opii" may be administered internally when "its services are required." There is, however, one scrap of pathology which our authors give, which we should have been glad to have had substantiated by the number of autopsies in which it had been noted:

There is a headache amongst growing idiots, which appears to arise without any external cause, and which is common in those cases where an indurated cerebral substance, and a thick, but crisp calvarium are found after death."

Regarded either as a manual for the "responsible parent," or for the professional man who desires to be informed as to the pathology, diagnosis, or scientific treatment of idiocy, we cannot close the book without reiterating our feelings of disappointment, that the bright red covers should enclose so little that is really good.

We cannot help endorsing the opinion of the English reviewer. The chapter on classification deserves an additional comment. It is evidently based upon a blundering apprehension of the classification laid down in the first work of Dr. Seguin.

It may be further said, that in the methods of instruction laid down, there is scarcely anything that is of special application to a class of idiots, unless it be the speaking lessons. These are, it must be confessed, not ill-suited to accomplish the ends aimed at.

Let us turn now to Dr. Seguin's book.

After an introductory chapter, in which the history of the education of idiots in Europe and America is given, the author treats successively of Idiocy and its phenomena; of physiological education as applied to meet the peculiar conditions that idiocy presents; then the moral treatment; next of the organization, accommodations and personal requisite for an institution for the education of idiots, and finally an appendix in which are described nearly sixty illustrative cases within the experience of the author and others engaged in the same work.

A glance at the table of contents will suffice to show that the whole subject is treated with due regard to method and order, by one who has devoted long-continued and careful observation, and much and revised thought to it. If in any case he seemingly wanders from his

topic, it is because from much study he sees relations not obvious to those less familiar with his subject.

In the discussion of the first topic he is not dogmatic. He offers a definition which he gives only as relatively correct; that is in view of a plan of treatment he has tried with success; to yield authority whenever a better definition, and a more judicious management shall be brought forward.

Though some may doubt as to the truth of the clause of the definition that restricts the cause to a deficiency of nutrition, yet his amplification of it, by a description of the various symptoms of the infirmity, makes it sufficiently inclusive.

He passes with a glance the subject of the causes of idiocy, about which some theorists have written not a little. It would seem as if the time had not yet come for any satisfactory statement of these. They are necessarily oftentimes very subtle. Careful observation of a very large number of cases, and the widest induction will alone furnish a sound basis for generalization.

In his classification of idiocy, he keeps his physiological definition in view. He discards entirely the customary classification, based upon mere psychological symptoms. He distinguishes idiocy only from insanity, from dementia, from mental backwardness and from imbecility. This last term is, in our opinion, unfortunate, as it involves a misapprehension from the different sense in which the word is commonly used.

The term imbecile has a distinct meaning in our language, and is applied to a weak-minded person, to a mild form of idiocy, if one may so express it. It is a strictly psychological distinction, and related to the degree of deficiency of mental power in any individual.

In France, however, and on the continent generally, the term imbecile has a peculiar meaning, certainly less etymological than in our own tongue.

It would seem, therefore, desirable in a work for English readers, to have employed some term descriptive of the class of cases intended, that had not a positively different meaning in the language in which it was written.

Beside this classification, based upon physiological or pathological conditions, he notices certain physiological symptoms of common or occasional occurrence.

The author's keenness of observation may be illustrated by the following extract in relation to the sense of touch :

"As we just premised, several anomalies of movement in idiots are more or less allied to dulness, exaltation, or other perversions of touch ; and we have to mention a few of these complications before studying the isolated deviations of the sense itself. Dulness of tact incites some idiots to strike their fingers against the hardest bodies, with apparent pleasure and irresistible eagerness ; others to throw their thin-boned foreheads against persons and things, making them rebound and resound as if suffering were pleasure, or both these feelings abolished. Contrarily, some children whose hand-tact is null, or hand-touch uneducated, substitute for them the head-tact and touch, actually tacting with the latter the things they desire or repulse ; caressing with it the person they love. How could so different aberrations of a sense exist in idiots ? But how is it that as soon as their hand is taught to touch, their forehead loses the power of touching and feeling ?

Again of hearing :

The hearing is sometimes so passive and limited, and the intellectual wants so disinterested to the noises transmitted to the ear, that the idiot, though possessed of perfect organs of audition, is practically deaf, and, of course, mute ; no deafness, and yet no hearing. Therefore, it is prudent to remember that next to the deafness from birth, or from infantile diseases, there is an intellectual deafness from idiocy ; the only one which we shall specially consider. In this interesting

condition the child may hear, and even audit the sound of objects that he knows and wishes for, and none other. For instance, he hears music, and no articulated voices; or he may retain and repeat tunes, and not be able to hear or repeat a single word. He may even, in extreme cases, be absolutely indifferent, and, consequently, appear really insensible to sounds; and then the diagnosis has to be postponed till the state of the organ and function is thoroughly ascertained by an experimental training of that sense. So far, he is practically deaf and mute, but is not so organically. This difficult point in diagnosis has caused many mistakes.

His very discrimination in describing the idiosyncrasy, is often made suggestive of the means suited to overcome it.

Some idiots are deprived of speech, that is to say, do not pronounce a word. Some, speaking a few words more or less connected in sentences, have yet no language; for the word language conveys with it the meaning of interchange of ideas. In this acceptation, language does not belong to idiots before they are educated, nor to those who are but imperfectly so, and, consequently, they have a speech more or less limited, but no language; strictly speaking, speech represents the function, language the faculty.

To substantiate in a few words the causes of the functional mutism derived from idiocy, we point out, first, the incapacity of the will to move the organs; second, the long silence in which idiots have confirmed their mutism, like prisoners have gotten theirs in protracted confinement; third, the absence of persevering and intelligent efforts of their friends to make them speak; fourth, the want of desire to exercise that function, and the want of understanding of the power of speech as a faculty.

In this wreck of powers, one human, irresistible tendency or impulse is left him; for as low as we find him, lower than the brute in regard to activity and intelligence, he has, as the great, the lowly, the privileged, the millions, his hobby or amulet that no animal has; the external thing toward which his human, centrifugal power gravitates; if it be only a broken piece of china, a thread, a rag, an unseizable ray of the sun, he shall spend his life in admiring, kissing, catching, polishing, sucking it, according to what it may be. Till we take away that amulet, as Moses took it from his people, we must have

something to substitute for it. This worship or occupation shows that if the idiot can form, of himself, no other connection with the world, he is ready to do so if we only know how to help him.

Passing from this chapter, which will well repay a careful reading, we come to the next, which contains an exposition of the author's method of education. He starts with no psychological theory, to which all details of method shall be related. He calls it "physiological education." He adheres throughout to the limits indicated by the term used. He attempts to obviate the defaults of function that are found in idiocy.

To be sure, the circle of psychological symptoms (if one may so express it,) must be interrupted somewhere. With him the will, spontaneousness, is the antecedent, all others consequents. And so physical and mental inertia is secondary to (not to say resulting from,) an underlying want of will.

There is one consequence from this strictly physiological treatment of the subject, that should perhaps be noticed. It must be confessed that it is materialistic.

And further, it is to a great extent individual. It is assumed that when the functions are brought into normal and healthful exercise, the social and higher relations of this individual thus developed, will come naturally in play.

In reading this chapter, one is impressed with the author's wide and accurate observation; his skill in portraying, with no unnecessary touches, the features that idiocy presents; his quick perception in detecting the nature of the hindrances to development in individual cases; his broad comprehension of the general principles of education, upon which all true development must depend; his ingenuity in devising methods of adaptation of

these principles to the peculiar work in which he is engaged, and his unwavering confidence in the merits of his system.

Truth compels us to add, that while we see science, ingenuity and skill brought to bear upon the solution of the problem that the physiological education of idiots involves, we look in vain for the exhibition as well as for the demand, for the highest and noblest qualities of the instructor.

But the book of Dr. Seguin, is to be judged only in relation to its fulfilment of its proposed aims.

We may say then, that while in the former chapter it brings before the reader's mind, (even to one hitherto unacquainted with the subject,) the multiform phases of idiocy, in this it presents, in a condensed form, a whole scheme of appropriate educational methods and appliances.

To meet the diversity of mental endowment among idiots, there must necessarily be an ascending series of exercises, based upon an assumed order in the development of the various faculties. The key to this order, as given by Dr. Seguin, is, as has been before mentioned, in the relation of the will to the other faculties and powers.

Thus it is said, that the will is first manifested in muscular movements. That by these movements, it gains the power to exercise the higher faculties. Each step gives new power and a new scope. But the reciprocal action of the faculties thus awakened and brought in exercise, are not to be lost sight of.

We may now introduce a few extracts, which will show the steps in the training.

Means have been taken to secure immobility, as he remarks, "as immobility is in nature the fulcrum of

movement, so in our training it will precede and close every exercise, and serve as transition and as repose between the various modes of active training."

Then the walk and equilibrium are made the objects of special exercise, for as he says :

All that belongs to the function of locomotion requires to be treated with the greatest attention, and subjected to the minutest analysis, as hardly second in importance to the functions of the upper extremity, for the steadiness of the foot is the basis of the steadiness of the body and of the accuracy of the hand. The same care should precede and accompany our efforts at educating the latter.

When we come to consider the hand in idiots as an instrument of function, we are not more struck with its physiological disorders or deficiencies, than with the almost universal anomalies of the organ; hands too short and clumsy, or spindle-shaped; fingers truncated with unfinished nails, or thin and glossy, like quills, with pearly little nails; articulations so stiff that they can hardly be moved, or so loose that they can not be fixed; tissues bloodless or darkened with stagnant blood; and there are so few exceptions to these extremes, that we cannot avoid confessing the marvellous harmony of both physiological and organic disorders. This hand, stiff or relaxed, shaken with automatism or soaked in saliva, must be constantly present to our sight, as it will become henceforth an object of solicitude and study.

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The hand is the organ of prehension. Its incapacity puts a barrier between the idiot and everything to be acquired. Without further explanation, we will try to carry the hand from its incapacity in idiocy, to its full capacity when improved by education. But this last view of the hand is too broad yet; and we shall be contented for the present, with improving its powers only of prehension.

When we say prehension, we mean the complex action of taking, keeping, losing hold; otherwise, to seize, hold, and let go; those three terms are the beginning, the object, and the end of the act of prehension.

Then follows a description of exercises to secure proper prehension :

Such and similar means will soon render a child capable of grasping at something, at least to prevent a fall. This frightened grasp must

be instantly used to take hold of, and carry things, for a less instinctive purpose; because, when a function has been exercised for some time without object, the child has received from it an impression exclusive of any attribute and usage; it is not only for him a useless function, but one whose later intellectualization becomes next to impossible. For this practical consideration, as soon as a function begins to be accomplished mechanically, we set it in action for purposes and objects more and more intellectual, trying to leave no gap in the series of progress, till the function is thoroughly elevated to the rank of a capacity. * * * *

The hand is to be trained for years in these abilities, not so much with extraordinary apparatuses, as with things ordinarily used in daily life. This training transforms, in due season, part of formal prehension into easy handling.

Of the dumb-bells, properly used, he remarks:

They act on the mind as much as on the legs, spine, neck, shoulders, arms and hands. * * * But, after all, the best gymnastics of the hands are drawn from the things held, handled, modified in the daily habits of common life; we said it at the beginning, we repeat it at our conclusion. Finishing where a treatise on gymnastics would begin, we turn again our attention to the point where we found our patients. They were affected with incapacities only, or with incapacities and disorders of motion and locomotion. Against these simple or double infirmities, we have presented a series of advices, of means, and of apparatuses that experience has shown the most efficient. But in such matters, the means and instruments are more easily remembered, than the philosophy of their application; whilst that philosophy is the very thing which is, above all, not to be forgotten. * * * As an instrument of training, we consider imitation as personal, when it affects the person alone, or objective when it affects objects. For instance, we raise an arm, the child does the same; that is personal imitation. But we take a book and set it upright on the table, the child does the same with another book; this is objective imitation. Everybody can understand that both of these are purely scholastic divisions, necessary to be kept in view for our practice, because each one initiates to different sorts of actions, and leads to different branches of acquirements and abilities.

But if our exercises of personal imitation are curtailed to a few serial movements of the arms, caricaturing the gestures of the old

telegraph, the children are certainly taught automatism instead of reflex spontaneity; the imperfect application of a principle is dangerous to its final realization.

In fulfilment of this vindication, personal imitation, far from being the circular repetition of a few gestures, is the sudden unexpected call into action of any organ that can be moved by the will.

Of the education of the senses we are told :

Each sense must be taught as a function and taught besides as a faculty. The sense of touch being the most general, and in fact, all the senses being mere modifications of it, we shall begin by it, the training.

Specially of the hearing, that—

The sounds, objects of our present studies, are noises, music and speech. These three classes of sounds speak respectively, the noises to the wants, the music to the motive powers, the speech to the intellect.

From passive hearing to active audition and intense listening applied to these three classes of vibrating phenomena, there are many grades that are far from being gotten over by many children—even by most men; in this way, we carry idiots as far as we can, and generally far enough for ordinary intellectual purposes.

But the eye is an organ more active by its nature, inactive only in idiots by exception, and not easily coaxed to action. To make a child feel a body, we put it in his hands; to make him smell another, we bring it to his nostrils; to make him taste another we place it in his mouth; but to make the idiot see, when he turns his eyes away, or covers them with his hands, or shuts them, or throws himself down when any object is presented to his sight, what shall we do?

No doubt the assistance to an intelligent use of the sight is not always so complete, violent and obstinate; but even when it is of a more negative character, we find it insuperable enough in its milder forms, to bring home to us more than one discouragement.

Of all the things, if there be any, which can penetrate the glassy or tarnished eye of our pupil, it is our own look; the looks call for the look. We keep the child seated or standing, in front or close to us, alone, no noise, no company, not much of light nor of darkness; our feet ready to immobilize his feet, our knees his knees, our hands his head and arms. We search his eyes with our intense and per-severing look, he tries to escape it; throws his body and limbs in every direction, screams and shuts his eyes. All this time we must

be calm and prepared, correcting eccentric attitudes, and plunging our sight into his eyes when he chances to open them. How long will it take to succeed? Days, weeks, or months; it depends upon the gravity of the case, upon the help received from the general training, and from other means of fixing the attention of the eye soon to be exposed.

This paragraph was embodied substantially in the former work of Dr. Seguin, and fell under our eye many years ago. It was made the basis of patient experiment, and, it must be confessed, with no satisfactory result. For such a mode of bringing another will under the control of our will, for such a method of charming a pupil, we evidently had not the gift.* And now to fix the wandering gaze of the idiot of low degree, we should resort to other means.

The author here has evidently allowed a single case to be made the basis of generalization. And it seems now, to us, that the case thus described is rather to be regarded as insane than idiotic. It is the complete and permanent surrender of a perverse and long-resisting will, to the power of a superior will, in view of an intelligent appreciation of the uselessness of a longer struggle. On the contrary, the feeble will of the idiot yields little by little, and unconsciously to the tact of the master.

We must not delay longer on this chapter. The chapter on moral treatment is comparatively a short one. It is descriptive mainly of the means taken to subordinate the will of the pupil to the will of the master, and then to secure its independent exercise under the influence of the various motives, from lower to higher, which can be from time to time substituted for this first submission aimed at.

It will be a suggestive one to all who have occasion to stand in the relation of teacher or guardian to such cases, and by such only will it be fully appreciated.

It treats incidentally of the order in which the various incentives to volition and consequent action should be brought to bear upon the pupil, and suggests the means that may be appropriately used.

The scope and bearing of this chapter can be seen from the following definition :

The moral treatment is the systematic action of a will upon another, in view of its improvement; in view for an idiot, of his socialization. It takes possession of him from his entrance in to his exit from the institution; from his opening to his shutting his eyes; from his acts of animal life to the exercise of his intellectual faculties. It gives a social meaning, a moral bearing to everything about him. The influences destined to give moral impulse to the very life of the idiot, come upon him from prearranged circumstances, from prepared association with his fellows, and, above all, directly from the superior will which plans and directs the whole treatment.

Even upon this part of the subject, occasion is found for the "physiological education." "To develop their sense of affection, as were developed their senses of sight, of hearing and others, does not demand new instruments or new teachers, but the extension of the same action upon their feelings. To make the child feel that he is loved, and to make him eager to love in his turn, is the end of our teaching as it has been its beginning. If we have loved our pupils, they felt it and communicated the same feeling to each other; if they have been loved, they are loving in all the degrees of human power conformable with their limited synergy."

In another chapter the institution is described. This is partly ideal and partly realized in the institutions which he has visited, and which he has helped to mould. It embodies his views of what is necessary in the way of buildings and their surroundings; apparatus and appliances of all kinds; the personnel of the establishment,

with the various functions of its members, and minor details of the management of the pupils in furtherance of the educational scheme already indicated.

Of course this chapter will interest mainly such as are actually engaged in the work of educating idiots. These will find it full of valuable suggestions. Somewhat removed, as the author has been for some years, from the immediate work of management and instruction, it is not strange that some of his plans and methods seem scarcely practicable for a public institution. Thus it will be some time before a state, however enlightened, will provide in all respects the accommodations and the endowment he proposes. Sometime before ingenuity and skill will be brought to the task of devising all the appliances necessary to realize his ideal in that respect. Sometime before a superintendent shall be found who is competent, able and willing to perform all the duties outlined here as falling within his province. And equally long before a harmonious, capable and faithful body of assistants of every grade, can be brought together within the walls of any one institution, to minister to the wants of a class so feeble, so deficient, so trying and so demanding wisdom, energy and gentleness in their management every way.

Meanwhile, however, the study of a standard thus elevated, may serve to stimulate the efforts of all interested in the work to higher attainments.

The concluding portion of the book is occupied by a description of some sixty cases illustrative of the characteristics of idiocy; of the methods of training and instruction, and of the results accomplished by appropriate education.

No one can rise from the perusal of this book of Dr. Seguin's, without having a clearer idea than he had

before, of what constitutes the type of idiocy, and the true direction of the efforts to improve it. It must help the reader to understand the various phases that idiocy presents, in its wide range between the depth of incapacity, and the ordinary mental endowment of the human race, a range that widens from birth to maturity.

It must help him to understand a department of education, that at the outset goes below the ordinary office of instruction; which meets and lends a helping hand to the being, feeble and purposeless from defective organization and impaired function. Which, in other words, takes the place of intuition and spontaneity, forcing, it may be, perceptions through the obstructed channels of sensation, and balancing the feeble and faltering will on so delicate an edge, that movement in any direction involves a dawning and increasing self-determination.

It remains to be said, that however faultless may be the scale or series of exercises designed for the development of idiots, however judicious and skilful the hand of instruction, that in some instances these all partially or utterly fail.

If our experience and observation are correct, the failure is not of the kind suggested by a writer in the *English Journal of Mental Science*, when mentioning some of the characteristics of the progressive development of the idiotic mind.

Among other conclusions, he remarks "that one acquisition is displaced by another," that "there is a rapid relapse of the trained idiot into the original condition of ignorance and hebetude."

These traits, which in his judgment seem to imply unhealthiness in the pupil, or to be reckoned among the

conditions of his state, appear to us the result of another cause; that is a want of fitness in the character of the education afforded, where the observation was made.

In other words, when these occur, unless the principles that are supposed to govern in all mental development are at fault, then it may be affirmed that the system of instruction applied, is defective in some particulars. The beginning of the training process has not been low down enough. The steps have been too long. The progress has been too rapid. The subjects of instruction have not been properly related to the degree of intelligence of the pupil. The general conditions essential to retentiveness, or to mental growth, have therefore not been complied with. For retentiveness can only be secured by vivid sensuous impressions, by association and by habit. So when in the case of idiots, acquisitions are above a proper comprehension, or are not interwoven in some way with the wants and uses of their every day life, in their little world, the results in the way of permanent influence will not be satisfactory. The analogy between the growth of the body and mind is, to say the least, a very strong one. And so if mental exercises are not desired, so as to secure the development and discipline of the faculties and powers by a suitable assimilation and progression, then will their effects be but transient.

But the failures we have referred to are of a different character. In many cases we are not even now in doubt as to the cause of the failure. They should be called incurable, rather than unteachable. Organic lesion or disease, beyond the reach of medical skill, though not beyond its cognizance, renders all efforts at instruction futile. In the lapse of time and with increased experience, still other causes for such failures will be made clear.

We spoke of the book at the outset, as having been written in some measure from an American stand-point. But the nationality of the author could scarcely be mistaken. He is true to it in his idiom. True to it in the polite and good-natured, but somewhat indiscriminate appreciation of the services of his American co-laborers. But these personal notices are so general, that the accidental omission of a single name seems like an act of injustice.*

We were on the point of saying, that he is true to the school of philosophy in which he was trained. The book would seem to warrant this assertion, not only by the general character of the education proposed, but by his incidental commendation of the theories of St. Simon and Herbert Spencer. But we should rather say, that in spite of these, he is true to himself. We know something of Dr. Seguin, aside from this book. He is a man of warm affections, and actuated by the highest impulses. With him practically, the work of educating idiots has been one of true philanthropy. Circumstances, not necessary to mention, have constrained him to be engaged in another sphere of duty, but he has lost no interest in the cause, and this book is the evidence of it. He modestly claims less when he sums up the product of his special labors.

Sensation perceived like a notion, notion fecundated to an idea realized in life itself; such is the unbroken spiral of our teaching,

*We cannot help referring to one such. All things considered, no man has done more for the improvement of idiots in this country, than Dr. Joseph Parrish, of Philadelphia. He was appointed Superintendent of the Pennsylvania institution for idiots, when from various causes it seemed doomed to failure. He left it the largest establishment in the country, well endowed by private benevolence and liberally patronized by the State, and all owing to his energy and steady christian purpose.

and through teaching, of our action upon idiocy, from collecting the sparse powers of muscles and nerves disconnected by the absence of will, to the gathering of the faculties in the act of thinking, our progress has been a constant ascension on the steps leading from isolation to sociability.

A half dozen lines at the close of the chapter on moral treatment, more fittingly denote the character of his labors. There he intimates that the only true improvement for idiots, is to be looked for from the exercise on the part of those engaged in the work, of the highest christian charity.

Nor could it well be otherwise. For accept the doctrines of the school of philosophy, now represented by Spencer and Mill and Huxley, that degrades man in his origin and attributes, gives him no higher moral standard than conformity to natural laws, no aspirations higher than the functional satisfaction of his physical organization, and what need of labors such as his? Was not the Spartan method of dealing with the feebler members of the race, after all, the easier and best for their time?—for all time?

But there is a better philosophy. It lies, whether recognized or not, at the basis of this, as well as of all other plans and schemes, for the elevation of any portion of the human race. It recognizes in every creature born of woman, a human soul, with human attributes, however undeveloped, however “badly served by its physical organization,” and with a human destiny. To this being, however unfortunate or misguided, it acknowledges the duty of appropriate ministering, whether hungry, athirst, sick or in prison.

**Lectures on Mental Diseases*, By W. H. O. Sankey, M. D., London &c., &c.

Traité des Maladies Mentales, Par W. Griesinger, M. D., &c., &c.

Lovers of our specialty always hail new books with pleasure. It can hardly happen that we should not acquire something by their perusal, or be profited by the resumé they often contain of works in foreign languages and otherwise out of our reach. The oldest student must be interested in the didactic process employed to bring freshly before the public the results of new conceptions, or even the assimilations of the hitherto floating principles of psychiatry. It is for the reader to compare, adopt or reject as may seem best; but in any event, the the smallest compendium will have its use. Therefore, the acquisition to our libraries of all such special treatises is to be advocated. They either prove the occasion of intellectual gymnastics, or they become useful and silent advisers, who speak only when wanted.

It is unnecessary to speak at length of the recent treatise of Dr. Griesinger, as it has been well reviewed in a late number of the JOURNAL. We would, however, call the attention of those who bought the book to two material points; First, the French editor has not yet fulfilled his promise to publish M. Baillarger's memoir on general paresis, which we are, very naturally, anxious to get; Secondly, owing to this omission, the work has been issued without an index or table of contents, to the great inconvenience of the reader. The work was published in 1865, and the *tic prochainement* of M. Adrien Delahaye extends already to 1867.

*Our readers are indebted to DR. J. PARIGOT, of NEW YORK, for the following review of some recent works on Psychological medicine and their value as affording new methods of study.—ED.

The Lectures on Mental Diseases, recently published in England by Dr. Sankey, did not receive the favorable notice of the *Journal of Mental Science*.

Some defects in the arrangement were justly remarked; still, after perusal of its pages, we are inclined to think that many qualities of the work might have softened a too harsh criticism. May it please the aristarchs of all countries!—we submit the opinion that our past and present literature on psychiatry, is deficient in two points, which this reviewer will further attempt to show. Now, concerning this present text-book, we will not contend that it might not have been better to have arranged or corrected twenty times over its text, if the author had wished to venture his reputation on *this* publication only. But such is not the case.

Some curious particularities may perhaps be mentioned here, about making books. Some writers, when proof sheets are sent in for correction, sit as *judges* over their own feats in composition. In such circumstances the printer should make a contract with such authors, or else he is sure to be ruined, for the sometimes apparently easily written book, has been got up rather by a process of successive proof-corrections, than by spontaneous conception. There are writers who remodel their ideas and chapters, until they have found that shape which existed in their minds, but quite in an undeveloped state and obscure form. On the contrary, some others give their ideas over to the public as they come off their pen. It seems as if, in this case, Dr. Sankey, a well reputed alienist and skilful observer, had left also to the public, the trouble of revision. At all events, a future edition, *corrected and much enlarged*, will answer the expectations of everybody.

What impresses us in the actual status of psychiatry, is that there are unmistakable signs of its transformation. Remarkable papers, highly scientific, are profusely spread in reviews and journals. Experimental physiology and physiological psychology, narrow every day the ancient field of hypothesis. Lately, the pathology of functional nervous affections has opened new prospects, and under the lead of such men as Brown-Sequard, Claude Bernard, Lehman, Laycock, Skae, Bain, Spencer, Baillarger and others, there is hope to see the *solidarity* or coördination of the dynamical and material principles of life once firmly established. We do not mean that organic forces will ever explain the genesis of thought, as it was recently attempted by Moleschott. No, for the first obey invariable laws of matter and life; whilst *thought* is a product of, a potential act of the soul on the data of the senses.

To produce treatises equal in merit to those of Pinel, Esquirol, Heinroth, Guislain, Bucknill, and Tuke, or, in learned inductions, to that of Prof. Griesinger, is not an easy task. And why? In our opinion, because these authors exhausted the field of general observations, in psychology and pathology, as successive syntheses were made during the last seventy years. But now the recent modes of positive investigation will force an author, either to use and repeat what others have said, or else to collect new facts for new deductions.

Natural sciences must remain subject to perpetual changes from constant discoveries. Our literature cannot go at the same rate, and it is not difficult to understand why most of our standard works show an inevitable character of resemblance. Long periods of observation are indispensable. For the advancement of psychiatry,

other sciences must have progressed. New anatomical and microscopical researches will establish or correct doubtful points of physiology, and, in return, experimental physiology will unfold many secrets of life. We have still need of the advance of histology, morbid anatomy and semeiology, for until now, the data they afford for our special pathology, are scarce and uncertain. All these wants have been filled up, anciently, by theoretical schemes of interpretation, but these latter must give way before really scientific observation. In most of our books we find relations of curious cases; however bulky, they are repeated over and over again—to what medical purpose is difficult to say. Let us not mistake *anecdotes* for scientific monographs, the want of which is so much felt. The great accuracy required now, to describe lesions and their symptoms, and even the necessary ingenuity to discover them, (for instance, the use of the ophthalmoscope to ascertain the lesions of the optic nerve, in relation to brain diseases,) have quite revolutionized our means of inquiry. If a more severe method of observation had been used, the justly rebuked terms of mania and monomania would not exist, as denounced by Dr. Sankey, in the meritorious work of the late Guislain, who catalogued twenty-three varieties of mania. Now, in the remarkable work of Griesenger, the *ideal types* of disease need that positive process of investigation, by which they would be true representatives of entities. If we read and compare the first edition of 1845, we see the same defect extending to that of 1865! In this respect, the *lectures* on general paresis, are comparatively models of good and skilful observation. If Dr. Sankey had employed the same method, and if he had not forgotten some of the most important, especially as the late

Superintendent of the female department of Hanwell, his book would have been much better received. There is no possible denial of the fact, that *clinical realities* are absent in books of psychiatry, so much so, that a case can not actually be classified according to, or rather, in spite of the broad sections and the extensive neology employed.

If such is our scientific status, and if a change is expected soon, whence should it come? There is but an unanimous voice in answer to such a question—*From our State Asylums.* Let them be destined to receive curable patients, let them be organized as hospitals or as free colonies, it does not matter in the least, provided they have each, a sufficient number of physicians. But as now constituted, with numerous trustees and few medical officers, it is impossible to give each case the due attention it requires, and consequently there are fewer opportunities to advance science. New principles, new practical appliances, can only be unfolded by profound study of analogies and dissemblances of results. Time and proper leisure, can only prompt the mind to their discovery, but an endless, tiresome and “bunkum,” like therapeutics, never.

In our days, if the principle of *division of labor* had not been adopted in scientific pursuits, it would be impossible to conceive how certain medical writers, sometimes celebrated professors, active members of academies and even (like Virchow,) leading members of political assemblies, could enter into minute and difficult scientific details. In some European States, great facilities are offered to professional and acknowledged savants. Professors are surrounded by aids or auxiliaries, chosen amongst the best pupils. In State universities, and even

independent schools and hospitals, there are *paid staffs* of physicians and chemists. In each department of a school, (in the medical faculty of Paris, there is a newly elected complete section for *experimental physiology*,) these officers divide the labor appointed and directed by the professors. Everybody understands that no man, however clever he may be, could, alone, make all his preparations and conduct his various experiments, any more than a general could be present at all important out-posts. Of course, the savant alone has the secret of his researches, but he could do little work if he was unassisted. Our house surgeons, (the *Internes* of France and Belgium,) form the living stock for writers and professors, who, one day, will honor their country. Why then should we not possess also the same advantages in prevision of the future of the United States? Under the influence of learned superintendents and medical assistants, with a natural ambition and love for science, our youth would furnish the country with the best writers, observers and experimentalists. Supposing they should be placed in asylums or hospitals, in which a specialty is the object, they would soon assist their seniors in the most difficult researches, and benefit themselves at the same time. But it happens here, as in all commercial, industrious and free countries, everything of a scientific character is left to the industry and perseverance of private individuals. Certainly, it is very honorable for our American savants to have fought their own way through difficulties, and attained the high rank they occupy. But how much greater their number would be, if facilities were offered to young aspirants. Why, for instance, should not *scholarships* be created in State asylums, and especially in those recently instituted by

the Legislature? Now, the vast labor we allude to, in special mental pathology, must wait for the combined efforts of talented observers, of this, and perhaps the next generation, if the legislators of our States should not be aware that we must not remain behind any nation in point of science and humanity.

Every one knows the importance of definitions in psychiatry, especially for the adjudication of medico-legal cases. We think there are some objections to those employed by the author of the *Lectures*. Dr. Sankey has named the several sources to which he had recourse when sketching his outlines. The *Lehrbuch der Psychiatrie* of Dr. Neumann, of Breslau, is one of them. *Æsthesis* is employed in it to express the central sensibility of the nervous system; now this *æsthesis* becomes in us a *consciousness*, by a special act of the mind. Of course, this act escapes analysis, but according to Neumann, it admits of a *material change* in the central parts of the cerebrum. Again, in spite that anatomists are not yet able to trace this change, the act is considered and called a *metamorphosis* when the mind is sound, but when the brain is diseased that act is perverted, and has another name. Dr. Daniel Tuke, in a recent and very interesting paper on *Braidism*, considers the same mental function as perverted in artificial insanity; here the will is paralysed, the conscience inert, and a suggestion is sufficient to pervert the perceptions and intelligence. The point in question is very interesting. Psychologists can not find fault with such a theory, since perception must admit of a passage from a material principle of sensation to its ideal form. Most agree that material data of perception are exclusively derived from experience, transformed by a synthesis of the mind, into sensitiveness

and understanding. So far, then, this metamorphosis solves the problem of the *ego* and *non ego*. We know by it the real objectivity of our perceptions, feelings, reason and even the objectivity of metaphysical concepts. Dr. Neumann thinks, also, that during a mental disease that act is perverted, and he calls *hypermetamorphosis* the morbid exaltation of the mind, and *ametamorphosis* the depression or abolition of mental faculties. From these premises we may infer, that a delusion must be either a perversion of the receptive faculty of the senses (peripheric æsthesia,) or a morbid metamorphosis operated at the centre of the nervous system. But it is evident, that all intuitions of the conscience, although subjective, are connected with external representations; consequently subjective *hallucinations* must possess some objective relations and objective *illusions*; have always subjective conditions in the sufferer. They ought not to be mistaken, one with the other, since we must well define what are *delusions*, *hallucinations*, *delirium*, and the *peculiar perversion of volition*. Dr. Sankey has not adopted these principles—he finds that hallucinations and illusions are synonymous terms—nothing but disordered sensations. Hence his mistaken translation and comparison of English and French terms. As many psychopathists read French authors, let us try to give some explanations on the subject.

Logically, a delusion is nothing but an error, something that misleads the mind; medically, it is an error, also, but resulting from a diseased state of the brain. Therefore, the word delusion may be translated in French, by *erreur*, *conception fautive*—tout ce qui trompe l'esprit et les sens, provided it be understood as proceeding from disease. An *illusion* may be considered, in a physiological state,

as a deceptive appearance of an object, but it is very different if such appearance proceeds from a diseased condition of the observer. Now we find that *error*, *delusion*, as manifested by the intellect, in the absence of mental control, is called in French, *délire*; *delirium* in English. It is true the French say, figuratively, *une illusion de l'esprit, un délire de l'imagination*, etc., but they never mean by them, a morbid affection. The word *hallucination* has the same signification in both languages, that of a morbid conception of things which do not exist, *i. e.* a real subjective error. Of course, if the sufferer is still able to know and correct the result of his mental infirmity, he can not be considered as being insane. The case is the same, if the error is the result of general belief, almost acting as suggestions, either by the influence of the epoch or the direct influence of the will for instance, contemplating *mental* objects. According to the learned Brierre de Boismont, the great reformer Luther, his antagonist the Jesuit Loyola, Joan of Arc, and many other celebrated persons, had physiological hallucinations.

We must also remark, that during hallucination, the inward elements of the thought are perverted; patients see and hear persons who are not present, whilst during illusions, the external elements are altered; patients mistake persons and objects. *Don Quixotte* took wind-mills to be giants. Again it must be noted, that neither delusion, hallucination or delirium, can be applied to a perversion of the will. Dr. Sankey justly remarks, that "abnormal acts of volition constitute a large and important part of the symptomatology of insanity." In this arduous subject, a want of proper definition has been the cause of many diffuse discussions on moral insanity. Dr. Sankey does not even mention this great bug-bear,

for this reason, that when he speaks of insane acts, he refers only to a secondary perversion of volition, in consequence of delusions. *Moral insanity* is a primary disease of volition, having its roots in the organism, whilst no other faculty appears affected.

Psychologists pretend that volition possesses three distinct phases :

1st. The genesis of idea ; 2d. The mental act, the effort of will, a sort of metamorphosis of the idea ; 3d. The executive process. These correspond exactly to an analysis of the will, by physiologists : 1st. The excitant ; 2d. The central act ; 3d. The efferent act.

Moral insanity being in relation with a disease of the nervous system, it might be asked, to which of these phases the morbid error is to be referred ? It cannot be supposed to exist in the first process, the *prompting idea*, since the act itself admits of no premeditation ; neither can it be in the third process—it would be a *convulsion*. The seat of perversion must necessarily be attributed to the nervous centre. The perversion of volition opens, then, a chasm between the conscience and the act. Why should such well understood morbid state of the mind not have its peculiar designation, as well as the morbid error of the senses, or that of the intellect ? It has been proposed to call it *diastrephia*, as being a clear distinction expressing a diseased will. Sufficient confusion of speech before courts of justice has been used, relating to mis-acceptation of the terms of delusion, hallucination and delirium, in the so-called *emotional insanity*, to secure the significance of *diastrephia* in the so-called *moral insanity*. Nevertheless, we do not deny a solidarity of faculties, no more during insanity than in health ; but we contend, that signs of insanity must exist independently of delusions, hallucinations and *diastrephia*.

An eminent American psychopathist, said lately, before the Association of Superintendents, in relation to moral insanity, that "such disease does not exist, while there is no evidence of unsoundness of those faculties on which man's accountability is founded." Pray, what is the sort of evidence required? For there are but two sorts—that of our senses, and that we may obtain morally. In order to explain alterations of our psychocerebral activity, we cannot ask for more visible symptoms than are recorded in splanchnic neuroses—a *general disturbance of the economy*. Now, concerning the will in artificial insanity, there is evident proof of a paralysis of the will, connected with suggested delusions, and in real insanity we observe primary or secondary perversions of volition, though no tangible signs are present. As for those faculties on which man's accountability should rest, we consider freedom of the will the most indispensable. This, however, is not contested, for at the bottom of human conscience, there are two inseparable correlations—*liberty and responsibility*: the absence of the first is the negation of the second.

Therefore, to ascertain the existence of moral insanity, or of its principle—*disastrephia*, we must try to detect the correlation of moral and pathological signs, either before, during or after the commission of an overt act. We have not to inquire whether the cause of a mental disease (well established as such,) is moral only, or to see to what degree such cause may have troubled our highest faculty, technically the only one, *volition*. Neither have we the right to suspect our laws and judges of too much leniency, when they doubt the criminality of acts induced by causes which might bring on insanity; but we have to inquire whether or not, symptoms of in-

sanity are present, whether or not mental or physical signs are preponderating and predominating over the general situation of the individual. In one word, whether or not a diastrephia is connected with general symptoms of disease. The whole vexed question between sanity and insanity, responsibility and irresponsibility, depends on the expert's ability to find out when volition has been fettered by human passions, that is to say, *morally*, and when it was fettered *morally* and *physically* by disease. Consequently, the medical touch stone is the following: Since a disease cannot exist without some exterior signs of it, the existence of moral insanity requires for its detection a positive observation of symptoms that can not be feigned or imitated. Anamnestic signs, either individual or collateral, are generally admitted as probabilities, but if time is allowed for observation, positive signs will follow the first dubious outburst of insanity.

No doubt some cases will present insoluble difficulties. If consulted in so-called *instantaneous* cases of insanity, many physicians will prefer to acknowledge their inability to give a medical opinion for or against it; they are right, for at the limits of psychiatry the moral adjudication is the only means of human justice. The psychopathist who, as an expert before courts, argues on the principles of criminality, or even on those of moral philosophy, is liable to ridicule if not to blame, for he really abandons what he ought to know best, and betrays science and good sense. The legal diagnosis of crime or immorality does not belong to us, and because we defend, justly, the interest of our patients, we have no right to extend that protection (then becoming a vain and ridiculous guardianship) to the whole of humanity.

The author of the *Lectures* acknowledges that distinct

alterations of the nerve element and structure cannot always be demonstrated yet, but that the absence of appreciable alterations of tissue, after death, has not for necessary sequence the absence of all material modification. There is an indissoluble correlation between psychical acts and vital phenomena, exactly as relations bind vital modifications with molecular changes in the nervous substance. This is all very good, but we do not believe that even a positive demonstration of change of kind or quantity in tissues, would have the importance that, in practice, the discovery of all the physical symptoms would afford for the diagnosis and treatment of insanity. That preference is the cause why physical signs are neglected, and speculative theories so much discussed in our best books, even that of Griesinger.

In the opinion of many physicians, there is at the bottom of insanity an unknown or concealed disease of the brain. Many writers deny even the existence of insanity as a specific entity. Combe in England, and Jacobi in Germany, were the first who considered mental aberrations as symptoms only of idiopathic or symptomatic sufferings of the brain. Dr. Sankey entertains almost the same opinion; he holds the various symptoms of melancholia, mania and dementia as successive stages of one and the same ailment. Might we not say the same about diastrophia and its forms of monomania, homicidal, suicidal, klepto, dipso, et cetera, and even of some forms of epilepsia larvalis? By trying to reach the radical ailment, we agree with the Germans who look for *die therapeutische Krankheit*, and the French who recommend to trace *la maladie racine*. At all events, we must acknowledge the absolute necessity to follow all possible

signs of insanity in that most interesting and scientific question of moral insanity.

Ideal types having been delineated in all our text books, according to their psychical forms only, good monographs will fill up the lack of exactitude in physical symptoms. Such labors will require the history, etiology and anatomy of a disease followed by its semeiology, diagnosis, prognosis and treatment. Numerous cases supporting the *fabric*, they will become the foundation of a complete regeneration of psychiatry. We readily acknowledge the difficulty of such a magnificent task; but for young, zealous and gifted observers, it is, by no means, insuperable.

We believe, in common with many practical physicians, that not the slightest wish exists any more for *abstract* diseases to remedy by *abstract* therapeutics, as we find it always expressed. The great necessity of daily practice, is to consult records of clinical realities possessing the qualities and conditions of the sufferer we have on hand. A medical realism would have a good effect on our statistics, which as they result now from forcibly inexact data, are little better than a deception.

To my great wonder, Dr. Sankey has not mentioned, among the English authors he consulted for his lectures, Dr. Thomas Laycock, one of the most eminent writers of our times. His work entitled *Mind and Brain*, or the *correlations of consciousness and organism*, although theoretical, is well worth our attention. According to Prof. Laycock, man in his ontological unity, is nevertheless an organic multiplicity, subjected to the action of the innumerable causes of conservation and destruction. An organ or a tissue, although apparently homogeneous, may be the seat of numerous coördinated functions. Dr.

Laycock's treatise, which has marked an epoch in psychological literature, has especially pointed to the correlations of physical, vital and mental forces, and shown that a law of design comprised them all. He proves also that the functions of the encephalon are the seat of the unifying process of life and thought. If we consider at the same time the coördination of functions like those, for instance, of the nervous system and the blood, which have no visible analogy, but are so admirably designed in correlation with each other, and in coördination with mental and vital forces,—might we not, in the presence of insanity, inquire for the possible de-correlations of the functions of organs and de-coördinations of principles? We know that organs may be altered in the dark regions of molecular composition, or in the still darker domain of the "imponderables," as we see in sudden attacks and recoveries of insanity, but to these elements we ought, perhaps, to add the de-coördinations of general functions and the disturbed sympathies or organs, as important causes of disease, for instance, the disorders of reflex motion during convulsions, and those of the motility and sensibility connected with insanity. The pathology of reflex paralysis, and its relations with the sympathetic system, as well as paralysis depending from peripheral irritation, are good illustrations of such derangements.

We believe that physicians who can avail themselves of a large field of observation, as hospitals, might specify the numerous cases of de-coördinations, and those no less important cases, of morbid sympathies. How interesting the accurately described cases in which an unequal distribution of dynamical power may have disturbed the circulation, or the nutrition in special organs. But for

such scientific details, certain material conditions of success *must favor* the investigators.

Our object in this review has been to show that the synthetical form of study, easy by its nature, was good and necessary to *clear the ground*, but that, presently, since clinical cases and observations have opened new prospects, nothing less than a severe analysis, obtained by monographs and their criticism, will henceforth serve our science.

It can not be overlooked that the present status of psychiatry, as the expression of acquired knowledge in the most difficult branch of medicine, corresponds, exactly, to the principles adopted by Legislatures for the management of asylums. From prisons, they were made asylums; from asylums they must be made hospitals and *scientific schools* for our specialty—which having been hailed by Grotius—the *most noble study* must become, in our times, equally *positive and true*. This will be possible when Legislatures of all countries and states, will agree on the extreme necessity of concentrating light and knowledge in institutions of which it may be said now,

* * * Virtutibus obstat
Res angusta domi.

1. *Forty-Ninth Annual Report on the state of the Asylum for the relief of persons deprived of the use of their reason.* Published by direction of the Contributors. Third month, 1866.
2. *Eleventh Annual Report of the Trustees of the State Lunatic Hospital at Northampton, Mass.* October, 1866.
3. *Forty-Second Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.* April, 1866.

4. *Reports of the Board of Visitors, Trustees, Treasurer, and Superintendent of the New Hampshire Asylum for the Insane*, June Session, 1866.
5. *Report of the Physician and Superintendent of the Insane Asylum of North Carolina*, for the year ending November 1, 1866.
6. *Annual Report of the Resident Physician of the King's County Lunatic Asylum*, for the year ending July 21, 1866.
7. *Laws, Rules and Regulations of the Texas Lunatic Asylum, embracing an Address of the Superintendent to delinquent counties*. Austin, 1866.
8. *Sixth Annual Report of the Superintendent of the New York State Asylum for Insane Convicts*. Transmitted to the Legislature, February 16, 1866.
9. *Physician's Report of the St. Vincent's Institution for the Insane*, for the years 1864 and 1865. By J. Keating Bauduy, M. D. St. Louis, 1866.
10. *Report of the Trustees and Superintendent of the Butler Hospital for the Insane*. Presented to the Corporation at their Annual Meeting, January 24, 1866. Providence, R. I.
11. *Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane*. August, 1866.
12. *Annual Report of the Trustees and Superintendent of the Wisconsin State Hospital for the Insane*, for the year ending September 30, 1866.
13. *Twelfth Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum, to the Governor of the State of Ohio*, for the year 1866. Columbus.
14. *Report of the President and Directors of the Western Lunatic Asylum*, for the fiscal year 1865-66. Staunton, Va.
15. *Reports of the Trustees and Superintendent of the Maine Insane Hospital*. December, 1866. Augusta.
16. *Twenty-Third Annual Report of the Managers of the New York State Lunatic Asylum*, for the year 1865. Transmitted to the Legislature, February 2, 1866.
17. *Eleventh Annual Report of the Board of Visitors, and Fourteenth Annual Report of the Superintendent of Construction of the Government Hospital for the Insane*, for the year 1865-66.

18. *Twenty-Eighth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1866.*
19. *Third Annual Report of the Directors and Superintendent of the West Virginia Hospital for the Insane, for the year 1866.*
20. *Annual Report of the Resident Physician of the New York City Lunatic Asylum, Blackwell's Island, New York, for 1865.*

1. The Forty-ninth Annual Report of the Friends' Institution opens with an interesting retrospect of the condition of the insane previous to the time when that asylum went into operation, and the progress that has since been made, not only in the multiplication of hospitals for the insane, but in the great increase to our knowledge of the nature and treatment of mental disease. Great as has been the advance, Dr. Worthington does not claim that the system has reached the highest perfection of which it is capable. He says:

It may be difficult to foresee precisely the direction which future improvements may take; but there is less reason to be concerned about them than about the *pressing duty of the moment*, which consists in the *extension of the benefit of present modes of treatment* to great numbers of the Insane, who for want of sufficient means of their own, or of adequate provision on the part of the State, are no better cared for than they would have been before the modern improvements were thought of.

To the *pressing duty of the moment* thus pointed out by Dr. Worthington we would particularly call the attention of communities and Legislatures. This duty consists in the establishment of more hospitals for the *cure* of insanity, and not in the construction of great reservoirs of chronic lunacy, "chronic pauper insane" asylums; "Hamlet Homes," Cottages, or other conceits of medical dilettanti ignorant of the "real life of the insane." Hospitals for *cure* and the prompt treatment of insanity:

in its incipient stage afford the only solution of the question of lunacy provision, by arresting the constantly increasing stream of chronic lunacy. How satisfactory is the result where these conditions are complied with, is well demonstrated in the experience of the past year at the Friends Asylum, in the following remarks of Dr. W. on the "Curability of Insanity."

It is a satisfaction to be able to state that, in consequence of the larger number of recent cases under treatment, the number restored has been greater than for several past years. When the experience of all Institutions is so uniformly favorable as to the great advantages of early treatment, it is to be regretted that so many cases should be allowed to pass into the incurable stage without an effort made for their recovery. The principal cause for this neglect may be attributed to want of proper information, and, therefore, the fact of the greater curability of recent cases of insanity cannot be too much insisted upon. The fact shown by the sixth table, that nearly 70 per cent. of all cases admitted into the Institution within twelve months of the first appearance of the disease have been restored, while only 15½ per cent. of those of more than twelve months duration recovered, ought to be sufficient, if known, to prevent all unnecessary delay in sending the insane to an Asylum when once the disease is fully manifested.

Dr. Worthington reports the number of cases, at the commencement of the year, at 66. Received subsequently, 20. Whole number under treatment 86. Average monthly number in the house, 63. Discharged, recovered, 15; improved, 2; unimproved, 2; died 5. Total discharged, 26. Remaining, 60.

2. From the report of Dr. Pliny Earle it appears that the number of patients at the Northampton Hospital has been greater than at any former time; there having been a daily average of 376.35, and a total of 488 in the course of the year. Of the latter, 352 were in hospital at the beginning of the year, and 136 were admitted sub-

18. *Twenty-Eighth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1866.*
19. *Third Annual Report of the Directors and Superintendent of the West Virginia Hospital for the Insane, for the year 1866.*
20. *Annual Report of the Resident Physician of the New York City Lunatic Asylum. Blackwell's Island, New York, for 1865.*

1. The Forty-ninth Annual Report of the Friends' Institution opens with an interesting retrospect of the condition of the insane previous to the time when that asylum went into operation, and the progress that has since been made, not only in the multiplication of hospitals for the insane, but in the great increase to our knowledge of the nature and treatment of mental disease. Great as has been the advance, Dr. Worthington does not claim that the system has reached the highest perfection of which it is capable. He says:

It may be difficult to foresee precisely the direction which future improvements may take; but there is less reason to be concerned about them than about the *pressing duty of the moment*, which consists in the *extension of the benefit of present modes of treatment* to great numbers of the Insane, who for want of sufficient means of their own, or of adequate provision on the part of the State, are no better cared for than they would have been before the modern improvements were thought of.

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2. From the report of Dr. Pliny Earle it appears that the number of patients at the Northampton Hospital has been greater than at any former time; there having been a daily average of 376.35, and a total of 488 in the course of the year. Of the latter, 352 were in hospital at the beginning of the year, and 136 were admitted sub-

sequently. Of the 83 discharged, 24 had recovered, 20 had improved, 8 were unimproved, and 31 died. Remaining September 30, 1866, 495.

Dr. Earle, in common with all who have charge of the insane, considers manual labor a potent hygienic and curative agent. He remarks: "In no former year has this agent been more extensively applied than in that which has just closed." The aggregate labor performed by 376 patients during the year, is estimated at 28,000 days. This would give 74 days for each patient, or (on the basis of Falret's calculation that the labor of the insane and sane is in the ratio of 1 to 5,) 15 days for 376 sane persons or 5640 days of sane labor; this last divided by 300 (the number of working days in the year) would equal 19 sane hired persons for one year. From this analysis it appears that the labor of the insane constitutes a comparatively small item in the matter of pecuniary benefit.

Dr. E. makes some interesting reflections on the advantages derived from entertainments and chapel services. Alluding to the fact often noticed that those who are excited, boisterous and destructive in the wards of the asylum, are quiet and orderly when attending the chapel service, he remarks:

The fact is of profound significance in regard to the general subject of insanity, and the extent of empire which the disease attains over the will of its subjects. This man, though ordinarily turbulent, is silent through the religious exercise of the Sabbath. He controls himself in spite of his disease. He exerts this self-dominating power because *he has a motive* for its exertion. Why then does he not at all times abstain from noise and violence? The answer appears to be simply this: *Because he has no sufficient motive.* From this conclusion is derived the following proposition, the truth of which is, it is believed, confirmed by all accurate observation. So long as the insane

preserve self-consciousness; so long as they appreciate the "I" of their own being, they can, in ninety-nine cases of a hundred, control their actions under the influence of a generally available motive. In more common, but expressive terms, "they can govern themselves if they have a mind to." It is the object of hospitals like this, and should be the constant study of all persons directly connected with such hospitals, to furnish the motive for that self-government. * * *

But if an assemblage for divine worship be useful, why not, likewise, assemblages for the other and more secular purposes for which mankind are accustomed to congregate? How disordered soever may be the general intellectual powers, in mental derangement, the "musical ear" retains its integrity, and the musical faculty its ability to act. Why, then, may not a concert impart enjoyment and render a motive for self-control? The taste for literature is often preserved. How then is it possible that a well-written essay, or a beautiful poem, should not be appreciated and thus become a governing power? An interest in scientific truths may still exist; and the love of the marvellous, always sufficiently strong, is perhaps more frequently strengthened than diminished by mental disorder. What is more marvellous than some of the operations of nature, as revealed in chemistry and and natural philosophy? Is it not, then, probable, that a scientific lecture may be converted into a salutary agent, by inducing the healthy volition of the patient, and causing him to act as well as to think like a rational being?

3. The report of the Hartford Retreat is very brief, owing we regret to say to the state of Dr. Butler's health. Complaints are made of the overcrowded condition of the Retreat during the past year. Dr. B. refers to an error in the last census by which the insane of Connecticut are set down at 281. Dr. B. estimates the number of insane in the State at not less than 700, distributed as follows; 204 in Alms Houses, 202 in the Retreat, and the balance in private families. Dr. B. observes:

I leave the consideration of these grave results, not only to the wise economist, who sees in the chronic insane as at present conditioned, the most hopeless, and increasing burden of public charity,

and would seek to remove, and prevent both the remote and proximate causes of it; but especially to that better class who with higher motives, accept the universal obligations of that "pure religion and undefiled," which binds us, recognizing all our duties to our fellow men, to visit the sick and the suffering, with the best gifts of a wise christian benevolence.

We are glad to record that the "wise economist," represented by the Connecticut Legislature, has already adopted the most effectual measure to "remove and prevent" the increasing burden of chronic lunacy by the establishment at Middletown of a State Hospital for the cure of insanity.

The whole number of patients in the Retreat at the beginning of the year was, 238. Admitted during the year, 165. Total number treated, 403. Of this number there have been discharged recovered, 62; improved, 48; unimproved, 22; died, 26. Total discharged during the year, 158. Remaining, April 1, 1866, 245.

4. We congratulate the State Asylum of New Hampshire upon its good fortune in receiving another munificent bequest. By the will of the late Mr. Moody Kent, a distinguished lawyer and resident of New Hampshire, the Asylum has received the sum of \$140,000. This legacy the Board of Managers have voted to be denominated the "Kent Fund," the interest only of which is to be expended from year to year for certain special objects as stated in the subjoined extract from the Superintendent's report.

In the first place, you set aside, each year, such sums as may be deemed expedient to assist in the support of indigent private patients, the wisdom of which no one will question.

With the balance you propose to make extraordinary improvements, and multiply hygienic and curative agencies to a greater extent than is practicable with the ordinary income from the charges for board;

in other words, to increase materially the benefits offered, without increase to the patient of the expense of support.

Dr. Bancroft presents the following table of statistics :
Number of patients in the Asylum on the first day of May, 1865, 223. Admitted from that date to May 1, 1866, 104. Whole number under treatment during the year, 327. Daily average residence, 228½. Total number of removals, 91 : of these, 26 had recovered ; 15 had improved ; 16 were unimproved ; and 21 died. Remaining in Asylum 236.

5. The report of the North Carolina Insane Asylum discusses financial questions at length. Dr. Fisher suggests the fitting up of a vacant ward for the use of insane Freedmen, their support having been assured by the Freedmen's Bureau.

There were in the North Carolina Asylum, Nov. 1, 1865, 147 patients. Admitted during fiscal year of 1866, 65. Total number under treatment, 212. Discharged during the year, recovered, 14 ; improved, 4 ; unimproved 12 ; eloped, 3 ; died, 14. Total discharged, 47. Remaining November 1, 1866, 165.

6. Dr. Chapin urges the necessity of the further enlargement of the Kings County Lunatic Asylum. He says :

The time for a serious consideration of this matter ought not to be longer delayed. The Institution has again become crowded to about the same degree it was when an extension of the building was proposed, seven years ago. Subsequently the Asylum was enlarged by the addition of two wings : it yet lacks a wing at each extremity to reach the dimensions of the State Lunatic Asylum of New Jersey, after which design this building is modelled.

Dr. C. reports : Patients in Asylum, August 1, 1865, 32. Admitted during the year, 243. Whole number

under treatment, 675. Discharged, recovered, 89; improved, 42; unimproved, 9; died, 65. Whole number discharged, 205. Remaining, July 31, 1866, 470.

7. Dr. W. P. Beall has succeeded Dr. B. Graham, as Medical Superintendent of the Texas Asylum. Dr. Beall makes a brief statement of the condition of the institution from the date of his appointment, August, 21, 1866, to October 1, 1866. Dr. Graham's report covers the period from August 10, 1865, to the time when Dr. Beall took charge. We quote from the excellent report of Dr. Graham :

I have frequently been inquired of in reference to the influence which the late war has exerted upon mental disorders. In reply, I would briefly say that the most distinguished writers upon these subjects agree that mental disorders receive a marked impetus from the cause above alluded to. Thousands of persons have been driven from their homes in poverty and distress; family ties have been rudely sundered; domestic afflictions of every kind have been suffered; what causes, let me ask, more potent than these to drive the mind from a normal condition? Almost every mail bears applications for admission to our Asylum. In the wisdom and beneficence of the present Legislature, I have every confidence, and trust that measures will be taken to inaugurate a system more in accordance with the wants of the unfortunate class of our fellow citizens who are knocking so loudly at our doors.

Some legislation may be deemed necessary in reference to insane negroes. I have recently been informed of several cases, one or two of whom are now in county jails. Inquiry has been made of me, as to whether they could be admitted as patients in this Institution. To such interrogatories, I have given an invariable negative, although there is no special enactment debarring them from the privilege. Should it be deemed advisable to make provision for such cases, a separate building should be prepared for their reception, in order that no compulsory association between the two races might exist. Should such persons be placed under my charge, I should, of course, give them the same attention and treatment as others receive.

The difference between the white and black races in regard to mental disease is very great, the number of the latter who are thus afflicted bearing a very small proportion to the former. Consequently, if it should be deemed advisable to make provision for insane negroes, not much would be required.

Dr. Graham presents the following summary of operations :

Patients in Asylum, August 10, 1865, 48. Admitted during the year, 40. Whole number under treatment, 88. Discharged, recovered, 22; improved, 6; unimproved, 5; died, 1. Remaining in Asylum, 54.

8. We would direct particular attention to the suggestions presented by Dr. Van Anden in the sixth report of the State Asylum for Insane Convicts :

It not unfrequently happens that persons confined in our county jails for misdemeanors and crimes are discovered to be laboring under mental disabilities amounting to incipient mania, dementia, or some other form of cerebral disease, and for whom no plea of unsoundness of mind is ever set up, or any defence offered on the ground of their irresponsibility. Oftentimes they are tried with little formality and condemned to prisons, where, after a considerable period of time has elapsed, they are found to be of unsound mind, and at last (too often after long delay,) are brought under treatment when the favorable period for their improvement is past, and they are thus consigned to custodial care rather than curative means.

In previous reports I have introduced the subject of provision for the criminal insane other than those confined in the prisons of the State. I desire to renew my suggestions in reference to this class, and to urge the policy of instituting a separate system, to which shall be given the care of all who have perpetrated crime and become insane, whether they have been committed to the prisons of the county or State. I beg leave to again recommend this subject to your favorable consideration.

At the commencement of the fiscal year, October 1, 1864, the whole number of patients in the Asylum was 71. Admitted during the year, from Auburn Prison, 4;

from Clinton Prison, 3; from Sing Sing Prison, 2. Total treated during the year, 80. Discharged during the year, well, 3; much improved, 1; died, 3. Remaining in Asylum, September 30, 1865, 73. Whole number received since opening the Asylum, 151. Whole number discharged, including ten deaths, 78.

9. St. Vincent's Institution for the Insane, at St. Louis, has been in operation since August, 1858. It is a Roman Catholic Institution under the charge of the Sisters of Charity, "but persons of all denominations are received and their religious opinions respected." We learn from the report of the Physician, Dr. J. Keating Bauduy, that the admissions during the year just closed (1865,) have been 148, and the discharges 139. Whole number under treatment during the year, 253. Of the discharged, 56 were restored; 63 had improved; 13 were unimproved; 7 died. Remaining, January 1, 1866, 114.

The Institution evidently does not restrict the admissions to cases of insanity alone, for among the 148 received we find delirium tremens, nostalgia, hysteria, chorea, catalepsy, and general ill health recorded as the *form of disease*.

Dr. Bauduy's report contains some sensible remarks upon the importance of the early hospital treatment of the insane. Under the head of "premature removals," he gives an instance of the "officious interference of ill-advised friends:"

There is an instance now present to our mind, of a lady who three times left the Institution after temporary improvement, and as many times returned in a state sad to witness, and greatly to be deplored. Had her husband followed the advice given him, he would have waited at least three months after her first *apparent* convalescence before removing her, and doubtless the result would have justified the

delay, and rewarded his patience; as it is, the patient is now in a chronic state of insanity which offers few hopes for future improvement.

10. Dr. Ray's report for 1865 contains an exhaustive discussion of the question of establishing separate institutions for the chronic insane. As Dr. Ray's reflections on this subject have already been given to the readers of the *JOURNAL*, in the number for April, 1866, it is unnecessary to repeat them.

The statistics of the Butler Hospital for the year are as follows: On the 31st of December, 1864 there were in the house 132 patients. During the year there were admitted 42; making the whole number under care, 174. There have been discharged, 43; leaving on the 31st December, 1865, 131. Of those discharged, 11 had recovered; 11 had improved; 5 were unimproved; and 16 died.

11. The Vermont Asylum for the Insane has now been in operation nearly thirty years. Dr. Rockwell informs us that during this time 3985 patients have partaken of its benefits. During the past year 641 have been under treatment. Of these 480 were in the house August 1, 1865, and 161 were admitted subsequently. Of 148 discharged, 58 had recovered; 27 had improved; 20 were unimproved; and 43 died. Remaining August 1, 1866, 493.

12. We are glad to report that the work of completing the Wisconsin State Hospital is steadily going forward, and that the last Legislature "appropriated \$98,500 for the purpose of erecting one transverse and one longitudinal wing on each side of the main building." The institution when finished is designed to accommodate from three hundred and fifty to four hundred patients.

There are at present in the house, 180 patients. There have been admitted during the year, 95; and the whole number treated was 272. Of those discharged, 42 had recovered; 30 had improved; 13 were unimproved; and 7 died.

13. Dr. Gundry's report has some interesting reflections on the liability of those who have recovered from an attack of insanity to a recurrence of the disease. In this respect insanity is analogous to other forms of bodily ailment. As Dr. Gundry remarks, "statistics upon this subject are naturally procured with great difficulty. It is tolerably certain that each successive attack increases the predisposition to subsequent similar attacks." Referring to Dr. Thurnam's deductions from forty-four years experience of the York Retreat in comparison with the results in American institutions, Dr. Gundry observes: "My impression is that the ratio of permanent recoveries would be found rather higher, and I believe the ratio of recoveries from first attacks is under estimated." In answer to the question,—Is there any way of escape from this recurring evil? Dr. G., offers these pertinent suggestions:

It were folly to assert the possibility of escape in every instance, by the use of any and every precaution. But it is no less true, that the liability to recurrence can in many instances be considerably modified by the judicious and continual use of means. There is no doubt that some relapses are caused by reckless use of mental and physical energy. Recovery achieved, the man resolutely goes to work with all his energy, as if no drawback existed, until the natural failure of his powers again occurs. In this case he sets at naught all the prudent maxims any mechanic recognizes in the treatment of his machinery. If he discovers a flaw which weakens some portion of his machinery, he does not use excessive pressure upon the whole, but devises means of easing the pressure upon that part—a little attention here, a little help there, tides over the point where there is a danger. And thus

he succeeds in getting a fair share of useful work out of his injured machine. The greater care and attention may enable it, perhaps, to outlast machines better made but not so well attended. It is so with man. Insanity leaves behind it a flaw, which may require a greater or less strain to detect hereafter, but it is present, even if unnoticed, and the dictates of common prudence require due precautions to be observed, lest it endanger the future integrity of his mental operations. The evil cannot be ignored by closing the eyes to its existence. It must be calmly considered, and quietly and resolutely encountered. But, on the other hand, it is not necessary or beneficial to be constantly surveying the defect. An undue or exclusive attention to it would be as unwise as a reckless disregard of its presence. It leads to an excessive timidity with reference to anything connected with it; a horror in contemplating its cause—"a constant dread which so often brings on the very evil dreaded; and which, as it clouds the whole of human life, is itself a greater calamity than any temporary disease. Some dread of this sort darkened the last days of Johnson and the fears of Rousseau seem to have constantly realized themselves. *But whoever has brought himself to consider a disease of the brain, as differing only in degree from a disease of the lungs, has robbed it of that mysterious horror that forms its chief malignity.*"*

This desirable equanimity, it may be objected, cannot always, or at once, be attained, but in proportion as it can be acquired, the greater the chance of exemption to that individual. In the limits of a report it would be idle to discuss fully the means best adapted to prevent a relapse of insanity. A few very brief hints must suffice. Self-control and self-restraint must be assiduously cultivated. Action—properly regulated action, of body and mind—is especially necessary. A proper care for the good of others, an active benevolence, tends to raise the individual to a higher level, above the plane of his own selfishness, and prevents many of the evils of absorption in his selfish interests and pursuits. Charles Lamb, (already alluded to) once insane, and always (as it were) treading its verge, was doubtless preserved, amid all his trials and cares—humbly but heroically borne as by few men in this world—from the greater calamity of the recurrence of his mental aberration, by his constant attention and solicitude for his sister so frequently afflicted. The cultivation of regular habits is no slight agent in the good work. How much the extremely

* Letter of Sir James Macintosh to Robert Hall.

regular recurrence in the routine of asylum life influences the control of morbid manifestations, and contributes to their ultimate suppression, few can properly estimate. The application of the same principle can be made at home, with signal, if not equally striking results. The daily duties regularly recurring—the meals at the same time each day—the rising from or retiring to bed at the same hour, so that each day is but a pattern of every other day—the regular daily physical exercise—the judicious use of baths—the regular attention to the bowels—to the appetite—the control of the passions—and, above all, the most jealous guarding of the regular hours of sleep—each of these seems trivial, but all combined environ the irregular and erratic mind with the artificial regularity of good habits, so that its wanderings are restrained and controlled to a great extent. Daily labor, and proper seasons of recreation, are alike necessary. I need not more than allude to the soothing and calm influences of religious offices to him who daily and hourly derives consolation from their proper exercise. I shall only repeat the imperative necessity of obtaining the due proportion of sleep and rest, and it is to be remembered, that the proportion required is greater in this class of persons than in most others. To them, whom mental disorder seems to threaten, the loss of sleep is irreparable. Sleep is indeed to them, in the words of Drummond,

“Sole comforter of minds which are oppressed.”

Dr. Gundry congratulates the Board of Trustees and all friends of the insane, upon the generous response of the Ohio Legislature to the appeal for the completion of the Asylum buildings according to the original plan. A liberal appropriation has been made for this purpose, and the work is now in progress.

We give the general results for the year ending October 31, 1866. There were remaining in Asylum, November 1, 1865, 171. Admitted subsequently, 103. Number under treatment during the year, 274. There were discharged, as recovered, 61; improved, 9; unimproved, 21; died, 6. Remaining November 1, 1866, 177. Daily average during the year, 170.

14. Dr. Stribling thus alludes to a subject which is now forcing itself upon the attention of those who have charge of southern institutions for the insane.

Humanity and a wise policy unite in calling upon the Legislature to make prompt and suitable provision for the care and cure of insane colored persons. None such have been, or can be, (with any reasonable degree of propriety) admitted into this institution. That this class of unfortunates is rapidly increasing in Virginia, there can be no doubt. If I mistake not, all in charge of lunatic asylums on this continent—north, south, east, west,—agree that the interest of both white and colored require that they be kept not only individually separate, but that they be provided for distinctly as classes. In my visits to northern asylums I have not met with colored patients. If such are accommodated therein, the printed reports which have reached me (with one or two exceptions) do not exhibit the fact.

The general summary of results at the Western Lunatic Asylum for the fiscal year 1865-66 is as follows : In Asylum during the year, 374 ; at commencement of the year, 307. Admitted during the year, 67. Remaining, 317. During the year there were discharged, recovered, 26 ; improved, 10 ; unimproved, 3 ; not insane, 1 , eloped, 1 ; died, 16.

15. The Trustees of the Maine Hospital report that the new wing of the building which, as to its exterior, was erected last year, has this year been completed as to the finishing and furnishing of the interior. The whole amount expended on this work has been \$51,480.46. The new wing enlarges the accommodations for women patients only ; and the Trustees suggest the construction of a similar wing at the other extremity of the range in order to complete the entire edifice.

Dr. Harlow reports that there were in the Hospital at the commencement of the year, December 1, 1865, 277 patients. There have been admitted since, 135, making

a total of 212 under treatment during the year. Total discharged, 136, leaving in the Hospital at the end of the year, 276. The condition of those discharged was as follows: Recovered, 61; improved, 29; unimproved, 13; died, 33.

16. Dr. Gray offers some reflections upon the condition of the insane of the State and the appropriate method by which relief should be obtained. The measures necessary to secure this relief he regards as being fully set forth in the resolutions passed at a Convention of the Superintendents of the Poor of the State, held in Utica, August 14, 1865. The resolutions were as follows:

Whereas, it is already conceded, and has been adopted as the policy of this State, that insanity is a disease, requiring in all its forms and stages special means for treatment and care, therefore

Resolved, That the State should make ample and suitable provision for all its insane, not in a condition to reside in private families.

Resolved, That no insane person should be treated, or in any way taken care of, in any county poor or alms house, or other receptacle provided for, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.

The experience of Oneida County, in which is located the State Asylum, affords a significant example of the benefits to be derived where the relief is commensurate with the demand.

Oneida County sends all her insane here at once, and the result is a large percentage of cures and a very slow increase of incurables.

From January, 1843, the opening of the Asylum, to January, 1865, Oneida county sent 796 patients, 489 at public, and 307 at private charge. Of these 796 patients there were January 1st, 1865:

In this Asylum at public charge, 32 ; at private charge, 10 ; in Oneida county Asylum, 50 ; total, 92 ; since recovered or now convalescent, 7 ; total remaining, 85.

Of the eighty-five who remain unenred at public and private charge, nine were epileptic, 1 paralytic, eighteen were chronic cases, and twelve were demented imbeciles when admitted, and were received only for custodial care.

It thus appears that of 796 patients who have been admitted to the asylum from Oneida county, but *ten* per cent. remain at the asylum and county receptacle.

We quote from the Report the following observations on the medical treatment of insanity :

A number of those admitted this year, as heretofore, are old cases of many years standing, some in fair physical health and requiring only nutrition and general care. In nearly all the other cases (284 of the 356 admitted,) some indication for treatment was present, either in a diseased condition of the abdominal or thoracic viscera, which had acted as the primal cause through the reflex system, or in the symptoms and conditions following upon and resulting from the insanity. In cases of acute mania as a means of calming excitement and inducing sleep, we use tinc. hyosciamus, and tinc. ext. cannabis Indica, either singly or combined, in doses of 1 or 2 drachms, twice or three times daily. In some cases one or two drachms nightly, secures the desired effect. Where there is full habit and strong pulse, the most satisfactory results are sometimes obtained by combining with one of these tinct. digitalis. When there is much nervous agitation and restlessness from an enfeebled condition of the nervous system, we have found great benefit from the use of tinc. val. comp. and ammoniated fluid extract of valerian, both in soothing and calming the agitation and inducing sleep. If there is marked cerebral anæmia we resort to stimulants, such as brandy punch, egg-nog, whisky punch, wine and morphia, in combination with tinc. hyos. or cannabis ind. When morphia is not tolerated, we endeavor to secure the stimulating effect of opium by the use of Squibb's aqueous solution, which is often well borne when other preparations are not. In all feeble cases we endeavor to secure the horizontal posture, at least several hours in twenty-four, and in cases of marked prostration much more, in order to secure a full circulation of the blood to the

head and spinal column, and thus nourish the great nervous centres. In many cases of acute mania with great exhaustion, horizontal posture for days and weeks has, we are well persuaded, been the means of saving the patient's life, when medication and nutrition alone would have failed, and in other cases it has prevented the patient from sinking into dementia. In enfeebled states, in all diseases, the vital importance of maintaining a horizontal posture is recognized, and in cerebral anæmia, a condition so often present in insanity, it is the vital indication.

When phthisis or other diseases, organic or functional, are the cause of, or are associated with mania or any of the forms of insanity, treatment must be directed accordingly.

In melancholia, constipation is commonly present, not as a cause, but dependent generally on torpor of the bowels, peristaltic action in some cases seeming almost suspended—a condition probably arising from defective reflex action and blunted sensibility of the peripheric sentient nerves. Indeed this same insensibility and torpor is observed in the action of the kidneys, liver and skin. For the relief of this condition almost every remedy in the catalogue has frequently been resorted to before the patient comes under our care.

If habits of regularity can be enforced, and the attention of the patient directed from his condition, much has been attained. If the liver is torpid, and the glands of the intestines at fault, occasional mercurials will prove beneficial. If the colon is loaded, castor oil or Congress water will give relief.

In the decoction of *rhamnus frangulae*, however, we have found the most available remedy, alone or combined with small doses of *podophyllum*. The *rhamnus* has also this quality. Its effect is not decreased by long continuance; but, on the contrary, it may be gradually diminished in doses, and may be given for a long time without losing its effect, and with permanent relief. It is also a good stomachic, and in these respects differs from ordinary cathartics. We have also found much benefit from the employment of the pill *Ext. Col. Co. grs. iii. Pulv. Ipecac. gr. i.* In melancholia we use morphine in solution, alone or combined, with *hyosciamus*, and on the anæmic and enfeebled we believe its primary stimulating effect on the brain highly beneficial. In such cases we give it in doses of one quarter to one half grain three or four times daily, and often combined with whiskey, wine, brandy or ale. With those we give raw eggs, or eggs and milk, and other highly nutritious animal food, and with the most satisfac-

tory results. Some very unpromising cases of melancholia, admitted during the past year, have recovered rapidly under this treatment. We have given as much as one and a quarter grs. of morphia, and from four to ten eggs daily, in critical acute cases, in addition to other nutrition, with marked advantage.

We have also used in special cases, when indicated, tinct. lupuli, and tinct. conii, with more or less benefit.

In the excited and sleepless stage of general paresis we have obtained favorable results from tinct. cannabis Ind., either alone or with tinct. digitalis, and in some cases from bromide of potassium.

This latter remedy we have used largely in epilepsy for the past three years especially, but we have not found as much benefit to result from it as we had been led to hope for from the accounts in some foreign journals of its value in this disease. In some cases the attacks have been diminished in frequency and severity, and in others the excitement which commonly attends such attacks has been modified and the irritability lessened. In the majority of old cases it had no perceptible effect. It should be remembered, however, that epileptic persons treated in an asylum are not the cases on which to test the value of this remedy in epilepsy. When the disease has so far progressed as to seriously impair the mental powers, or induce actual insanity, as is the case in nearly all who are admitted to hospitals for the insane, there is good reason to infer such organic changes in the membranes, vessels or substance of the brain, or spinal cord, as would preclude reasonable hope of recovery under any treatment. We have administered the bromide in cases of high nervous irritability, with sub-acute maniacal excitement, and in cases of restive, agitated melancholia, with the most satisfactory results.

As an anaphrodisiac it is a highly valuable medical remedy. We can recommend it as one of the most effective to control the aphrodisiac state so often unhappily associated with insanity. We regard the action of this remedy, as maintained by others, as anti-phlogistic, and as a sedative to the cerebro-spinal function. It reduces the force of the pulse and allays nervous irritability and mental excitement.

As tonics we use the ordinary tinctures of cinchona, gentian and columbo, and often combined with some preparations of iron, though we depend on ale more largely in conditions of general enfeeblement, and on the above as adjuvants. We also use cod liver oil with ale or wine in many of these cases. We have reason to believe that

several preparations of iron act beneficially on the nervous system, both directly as stimulants, and at the same time furnish material for the blood, as maintained by some authorities.

In concluding this portion of my report, I would add that nervines and such remedies as act on the spinal chord, and on the nerves of the vascular system, as well as the various alteratives and stimulants, are administered in all stages of insanity, as indications may arise. About one-fourth of all admissions are so far prostrated as to require, in addition to medication, for a longer or shorter period, extra diet, such as concentrated soup, essence of beef, eggs, oysters, milk, or beef extract.*

The latter article, while rich in nutriment, has often, in cases of enfeeblement, the additional effect of inducing sleep. Whether this is due to a stimulating action on the brain and spinal chord, thereby arousing the sluggish circulation in these parts, or is really a soporific, I am not prepared to say. The fact remains that sleep, in many such cases, follows its administration, and for this purpose it is an entirely harmless remedy.

The number of patients at the commencement of the year was 564. Received during the year, 356. Whole number treated, 920. Daily average under treatment, 591½. Discharged, recovered, 118: improved, 35; unimproved, 91; not insane, 9; died, 57. Whole number discharged, 305. Remaining November 30, 1865, 615.

17. We learn from the report of Dr. Nichols, of the Government Hospital for the Insane, that:

While the admissions this year were but a little more than forty-three (43) per cent. of the number admitted the year before, the last of the active operations of the war, and the admissions from the army and navy together were, last year, eighty-three (83) per cent. and this, only sixty-one (61) per cent. of the whole number admitted in the respective years, the number of inmates remaining in the hospital at the end of this year was twenty (20) more than remained at

* The fluid extract of beef is prepared as follows: When clean beef chopped up, is inclosed in a jar, and subjected for an hour or more to heat, it separates into three portions—fat, fibre, and liquid essence. The last is strained off, and the fat separated by means of blotting paper.

the end of last year. These comparisons show, as was anticipated that the number of military is likely to equal, if not exceed, the number of civil patients under treatment, and that the average duration of the residence of individual inmates has increased since the war.

The number of patients under treatment on the 30th day of June 1865, was 261. Admitted during the year ending June 6, 1866, 222. Whole number under treatment, 483. Discharged in the course of the year, recovered, 112; improved, 26; unimproved, 10; died, 54. Remaining, June 30, 1866, 281.

From the report of the Board of Visitors it appears that :

Congress at its last session passed an act extending the privileges of the institution to all men who had served as Union soldiers in the late war and should be found insane within three (3) years after their discharge, by reason either of the continuation of the disorder, of relapse after recovery, or of original invasion of mental disease from causes growing out of their military service.

18. Dr. Peck of the Southern Ohio Lunatic Asylum thus alludes to the subject of provision for the chronic insane :

Much has been written and said of late about the Chronic Insane. From my present knowledge I am satisfied that our State is pursuing the right policy for the care of this unfortunate class. If our Legislature will give this subject proper attention, and act with energy, it will be a very easy matter to provide for *all of our insane* without any change in the present plan, which is both economical and successful.

How successful, and how economical because successful, is the present system of hospital provision is strikingly exhibited in the per centage of recoveries in recent cases admitted to the institution. This per centage was in 1862, 81.08; in 1863, 90.90; in 1864, 75.61; in 1865, 53.31; and in 1866, 88.07. These results are

not based on insufficient data, for at this asylum the reception of a chronic case would seem to be rather exceptional, judging by the table showing the duration of insanity before admission for the past year only. From this table it appears that of the 187 admitted, the duration of the disease had been *less than one year*, in 151, and from one to two years, in 21. Dr. Peck's results only confirm the opinions and statements of the best observers and writers as to the curability of insanity in its early stages.

The general operations of the asylum for the year ending November 1, 1866, were as follows: In the asylum November 1, 1865, 279. Admitted during the year, 187. Total under treatment, 466. Daily average during the year, 290. Discharged, recovered, 109; improved, 18; unimproved, 19. died, 20. Remaining November 1, 1866, 300.

19. The fiscal year of the West Virginia Hospital for the insane having been changed the last report of Dr. Hills covers a period of but nine months. Dr. H. reports 40 patients in hospital January 1, 1866. Admitted since that date 14. Total under treatment 54. Discharged, recovered, 6; improved, 1; died, 4. Remaining October 1, 1866, 43.

Dr. Hills states that about eighty applications have been made from counties of the State for the admission of patients, many of them recent and favorable cases, and he urges that power be granted to remove the chronic patients who already absorb the present accommodations of the house, to make room for new applicants.

20. We commend the report of the Resident Physician of the Blackwell's Island Asylum to the careful

attention of the citizens of New York, and especially to the honorable, the Commissioners of Public Charities and Correction, the legally constituted guardians of this institution.

The following extracts from the report of Dr. Parsons, the medical Superintendent, require no comments from us. Remarking upon the causes of an endemic typhus which prevailed in the house during the winter, and from which Dr. Ranney, the Superintendent, and Dr. Marvin, the Assistant Physician died, Dr. Parsons observes :

It is not difficult, however, to see that many causes were in operation predisposing to this or some other contagious or epidemic disease. During many years past this Asylum has been greatly over-crowded ; halls designed to accomodate only forty-two patients having been crowded with from sixty to eighty, and even to the extent of a hundred. * * * *

From motives of economy the amonnt of sheeting and of cotton garments had been suffered to fall much below the proper standard. Cotton goods were dear, and it was constantly hoped that they would soon become cheaper by the closing up of the war. Hence woolens were worn next the skin by many of the patients, both by night and by day, and even these were so deficient in quantity, that they often could not be spared for the necessary ablutions. Thus, not only the walls and ceilings, but still more, the garments and bedding of the patients, became receptacles of personal miasmata and fomites of contagion. * * * *

A thorough inspection of privies and sewers was at once instituted. The sewers and waste pipes were, many of them, found to be improperly trapped, and the water closets in such bad condition that *their liquid contents had, for a long time, gradually oozed through, saturating the woodwork of the floors and ceilings beneath, and, on the lower floor, forming cesspools*, the stench arising from which, when uncovered, gave abundant evidence of what their deleterious influence had been. * * * *

The foundations and lower stories of the main building and wings were never properly constructed, so that there is no ventilation beneath the floors, while, being lower than the surrounding ground, the water

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The foundations and lower stories of the main building and wings were never properly constructed, so that there is no ventilation beneath the floors, while, being lower than the surrounding ground, the water

would run in at times to such an extent as to show itself above the floors. The grounds west of the Asylum have been so graded, during the past summer, that water falling on that side will flow immediately to the river. * * * *

Toward the close of the winter, and in the spring of the year, many of the patients suffer from scorbutus, and some of them died of this disease. Now, the same causes that produce scorbutus in some patients, must act as depressants to others in whom the disease does not actually appear, thus diminishing the probabilities of their recovery. This is more to be deprecated, as the general tendency in the insane is to depression, with an enfeebled circulation, impaired nutrition, and imperfect innervation; hence they require sufficient warmth, and a varied and nutritious diet. Neither of these conditions has been heretofore fulfilled perfectly. *In winter the amount of artificial heat has been too small, often less than 55 degrees Fahrenheit for hours together.* During the forenoon much of the steam is used in washing and cooking, so that during this, the coldest part of the day, the heat is least. This deficiency in artificial heat would be less open to objection were the natural heat properly sustained by an abundance of warm clothing and sufficient exercise. The amount of *clothing*, however, has *never been sufficient* to compensate for deficiencies in artificial heat, nor has any provision been made for systematic exercise in winter. Nor is the diet sufficiently varied, and in the latter part of the winter and in the spring there is usually a deficiency in vegetables, *especially in potatoes.* Disease arising from such causes is to be prevented rather than cured, and prevention is only possible by removing the causes.

Better accommodations are urgently needed for the care of recent cases, suicidal or excitable patients, and others that require especial supervision. The lodge now used for this purpose is much too small, and is badly planned. The rooms are without efficient ventilation and *without light*, and the building is crowded with double the number of patients it was designed to accommodate. When it is considered that this is now the only available place we have for the most curable class of our patients—that is, for recent cases that are excitable—and that these cases must now be placed in immediate contact with incurables that are violent, noisy, and offensive in appearance and in manners, the importance of making better provision for the class above alluded to cannot well be over-estimated.

Another deficiency mentioned is the want of suitable apartments for the Resident Physician. He now occupies the octagon building from which the wards of the asylum radiate. Up and down the stairways of this building constantly pass the "patients, employés, and visitors, and at times, whole companies of firemen, soldiers or excursion parties, and not only this but noisy and violent patients, as well as the sick and the dead, are conveyed by this same route." Dr. Parsons well says, "The mere enumeration of our deficiencies is almost enough to paralyze the effort necessary to remove them."

The admissions, discharges and deaths in 1865, were as follows: Number of patients, January 1, 1865, 759. Admitted during the year, 525. Whole number in the course of the year, 1,284. Discharged during the year, 192 recovered; 83 improved; 142 unimproved; 4 improper subjects; 127 died. Remaining December 31, 1865, 736.

SUMMARY.

RESIGNATION OF DR. RAY.—We announce with feelings of more than ordinary regret, the retirement of Dr. Ray from the superintendency of the Butler Hospital. We but express the earnest hope of every reader of the JOURNAL that with the removal of the burden of care and administrative responsibility, his health will be so far restored, as to enable him, as heretofore, to give to the profession and the public the results of his profound knowledge and ripe experience.

The following interesting and honorable correspondence is given in the *Manufacturers and Farmers Journal*, of Providence, Rhode Island.

To the Trustees of the Butler Hospital, assembled in their quarterly meeting, January 17, 1866.

GENTLEMEN: I avail myself of this occasion to resign into your hands my office in this Institution. If a congenial employment and many strong attractions were alone sufficient to keep me here, this step might have been deferred to a distant period. But there is another condition more important than either of these, which I no longer possess. If any human employment more than another requires the largest measure of health, it is that of managing an establishment like this. No force of resolution, no insensibility to pain, can fully supply its place. A person whose mind is considerably occupied with the troublesome sensations that spring from habitual ill health, is poorly qualified to alleviate the troubles of others; and if, besides this, he finds himself frequently inclined, if not obliged, to shorten his ordinary routine of work, the time has come, I apprehend, when he had better give up his charge to stronger hands. Acting upon this principle, I have arrived at the present conclusion.

I cannot, however, dissolve a connection which has endured twenty years, and always marked, on your part, by a degree of confidence which I should be proud to believe to have been fully warranted,

without indulging in some expressions of personal feeling. During that period, forming so considerable a portion of a human life, it has been my constant endeavor, I venture to think, to make the institution serve its destined purpose to the utmost possible extent. The exact measure of success thus obtained, it is not for me to estimate. I will only say, that, if in any respect, it may seem to have been small, it must be attributed rather to lack of ability than to any low conceptions of the dignity and magnitude of the work, or any carelessness of the responsibility it involves. I would also say, that if I have failed to meet the requirements of the institution, the fault is all my own. It can be attributed to no want of sympathy or coöperation on your part, nor any arbitrary control of my administrative duties. In matters of a strictly professional nature, I have been allowed to act entirely according to my own judgment aided and encouraged by your approbation and support. The improvements which, from time to time, I have thought it my duty to propose, the suggestions I have offered for a more effectual promotion of the objects of the Hospital, have been always met by a warm and intelligent interest calculated to make success more welcome and failure less disheartening. And when material aid has been required, as it frequently has, in order to effect some important object far beyond the reach of our ordinary means, it has been readily and liberally furnished by your own private bounty. Among all the subjects of pleasing recollection connected with my superintendence, none will afford me more heartfelt satisfaction, than the uninterrupted harmony of the relations which have existed between us. In my successor, you will doubtless find an abler head and stronger hands, but not, I am sure, a deeper interest in the allotted work of the institution, nor greater willingness to labor in its service.

Most respectfully yours,

I. RAY.

At a meeting of the Trustees, held on Saturday, December 29, 1866, the following minute was presented by Dr. Samuel Boyd Tobey: whereupon it was unanimously ordered that the same be entered in the records of the Board, and that a copy be communicated to Dr. Ray, as an expression of the personal sentiments of the Trustees and of the estimation in which they hold his long and faithful services to the Hospital:

At the meeting of this Board held January 17, 1866, Dr. Ray

communicated to us his resignation of the office of Superintendent of the Butler Hospital. We received the announcement with profound regret, but finding that the state of his health and other considerations seemed to him to render this step a duty to himself and his family, we had no alternative but to accept his resignation, and at the same time to express our desire that he would afford us his advice in selecting a successor, and also retain the office till that successor should be appointed. This he has cheerfully done, and Dr. John W. Sawyer, at his recommendation and by the unanimous election of the Board, having been appointed to succeed him, Dr. Ray now desires to relinquish the charge of the Hospital at the close of the present year.

The retirement of Dr. Ray from this responsible trust which for more than twenty years he has so honorably fulfilled, vividly recalls the eminent services which he has performed for the Hospital since it was first committed to his care. He was appointed its Superintendent January 31, 1845, while at the head of a similar institution in Augusta, Maine. It was then in its earliest infancy: its corporation had been organized, the funds for its establishment had been secured, and the land for its site had been purchased; but in all other respects, the Butler Hospital was yet to be created. He accepted the appointment, but made the stipulation that he should first spend a period of time in Europe for the purpose of enlarging his acquaintance with the construction and management of the best Hospitals in Great Britain, France and Germany, which with high-minded independence, he insisted on doing at his own expense and without salary from us. Returning in the summer of 1846, he immediately applied himself to perfecting the plans for the building, and to superintending its erection, bestowing special care upon its interior arrangements. The Hospital was opened for patients December 1, 1847, and at that time he entered upon his appropriate duties as Superintendent and commenced those responsible official relations with this Board, which have ever since been maintained with reciprocal confidence, friendship and respect. He has at all times lightened our duties by the fidelity and the assiduity with which he has discharged his own, and has given to the Hospital a character and a name which have made it a satisfaction and an honor to be ranked among its guardians. We recall with grateful appreciation his wisdom in counsel, his prudence and energy in administration, his high sense of official responsibility, his constancy and courage in times of difficulty, his rare self-sacrifice,

and his devotion alike to the duties of his office and the interests of his profession, the valuable reports which from year to year he has laid before us in relation to the causes, the phases, and the treatment of mental disease, and the still richer, and more elaborate treatises in which he has presented its connections with education, with literature and with jurisprudence; and we feel that to him, under the blessing of God, the Hospital is principally indebted for the success it has achieved, and the position it has attained.

In parting with one who has thus been connected with the Hospital from the beginning, who has watched over it with the most assiduous care, who has labored unremittingly to promote its best interests, and with whom we have been so pleasantly associated in all our intercourse, we experience a great privation, and in bidding him our official farewell, we hereby record our high estimate of his services, our respect for his character and our sincere wishes for his future prosperity and happiness and his continued usefulness to his fellowmen.

HUDSON RIVER STATE HOSPITAL FOR THE INSANE.—The Commissioners appointed to locate the Hudson River Asylum for the Insane, have accepted a site offered by the citizens of Poughkeepsie. Hospitals for the care and cure of the insane are a present need of the State. As shown by the able report of the late Dr. Willard, there were, in 1864, in the poor houses of the State, one thousand three hundred and forty-five of this unfortunate class. The ratio of incurables is steadily increasing for the want of greater public accommodations for the early treatment of mental disease. It is the opinion of eminent medical authority, that "in a perfect state of things, where the best appliances which the science and skill of the age have provided for healing, are offered to the lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty, possibly ninety per cent. would be restored." The Asylum at Utica, large as it is, is wholly inadequate to the demands of the State; besides, its distance from remote counties virtually excludes many who would otherwise receive its care. Careful computation has demonstrated that, during twenty years of its able management and successful operation, the advantages of the Asylum to Oneida County have been more than double those enjoyed by the counties next beyond, but within sixty miles, and they are nearly three-fold those of the counties which are from sixty to one hundred and twenty miles distant. These facts prove that people

will avail themselves of the benefits of these institutions somewhat in the ratio of their proximity to them.—*Annual Message of Governor Fenton.*

STATE ASYLUM FOR THE INSANE, KALAMAZOO, MICHIGAN.—The Asylum for the Insane is in a prosperous condition, so far at least as relates to the treatment of patients and the general supervision and management of the institution. The efficiency of the Medical Superintendent is without question, and his efforts in behalf of those who are committed to his charge, and his devotedness to the interests of the asylum entitle him to much praise as well as to the confidence of the people of Michigan. The trustees, also, as well as the officers generally, have, I believe, labored faithfully and conscientiously in the performance of their respective duties.

There are at present 172 patients, being as large a number as can possibly be accommodated. This number would be very largely increased if the requisite room could be furnished. In fact, the speedy enlargement of our present accommodations is a real necessity. The original design was that this institution should be self-sustaining; in other words, that the amount received for board and medical treatment should defray the necessary expenses. In its unfinished condition, however, and with its consequent limited accommodations, this could hardly be expected unless a rate of charges should be established that might be regarded exorbitant. This result can undoubtedly be easily reached when the asylum shall be completed and in full operation, but until that time arrives it will be necessary to make some provisions for this deficit.

Heretofore it has been the practice to procure supplies by using, for the time being, a portion of the money appropriated for construction, which has been subsequently replaced from an appropriation made to meet the deficit in the ordinary expenses of the asylum. In accordance with this practice, the Legislature, at the last session, made an appropriation of \$8,850 to pay the arrearages which had then accrued, and for the erection of a house for the use of the engineer. An appropriation was also made of \$80,000 "for the purpose of erecting, finishing and furnishing the north wing," to be raised by State tax, one-half in 1865, and one-half in 1866. The act making this appropriation provided that this money, together with what remained of previous appropriations for the same object, must only be used for the purpose of "erecting, finishing and furnishing

the north wing," and that the whole must "be expended under the direction of the Board of Trustees, by a building commissioner, to be appointed by the Governor." The Trustees were thus left without any provision whatever, with which to meet the expenses of the asylum, excepting what might be received from the patients; and as these receipts must necessarily come after the expenditures had been incurred, they were virtually compelled, if they did not close the institution, either to purchase supplies in small quantities and at high prices, on credit, or to hire money, as best they might, with which to make such purchases; and this, too, when the construction fund was lying idle. The difficulties which would inevitably result from this legislation, in the management of the institution, must, I think, be apparent to all. These have been clearly set forth in the reports of the Trustees and of the building commissioner, which report, together with that of the Medical Superintendent, give full and comprehensive statements in regard to the present condition of the asylum, as well as of the progress which has been made in the erection of the north wing. The Medical Superintendent, E. H. Van Deusen, M. D., was appointed building commissioner. In his elaborate report he has embodied a history of the asylum from its commencement, by which will be seen some of the difficulties to which those officers have been subjected who have had the charge of erecting and managing it.

I would most respectfully ask your particular attention to a careful consideration of this whole subject, and recommend such legislation as will obviate a continuance of the difficulties to which I have alluded, and such appropriations as shall be reasonably required for its completion and support.—*Annual Message of Governor Crapo.*

THE ASYLUMS OF OHIO.—The reports of the Trustees of the several asylums which are submitted to you, show all these institutions to be in good condition, and, to the extent of their capacity, doing thoroughly the good work committed to them by the State.

The current expenses of sustaining them have been very nearly the same as the last year, and their estimates for the year to come are similar in amount. The very general expectation that the cost of living would before this be materially reduced has been disappointed, and although the expenditures of these institutions are considerably greater than was formerly the case, I believe that honest and careful economy is used in their management and that the increase of cost is not proportionally greater than in private families.

At your last session, appropriations were made for continuing the work upon the Asylums for the Deaf and Dumb, and for the Idiotic, and for additions to be made to the Northern and Southern Lunatic Asylums and to the Institution for the Blind.

All mechanical work has been embarrassed by the very high prices of labor and materials, and the progress made has been fully as great and as satisfactory as could reasonably be expected. The foundations and basement stories of the extensions of the Lunatic Asylums at Newburg and Dayton have been built, and the additions, when completed, will be harmonious with the original designs and plans, and will so greatly increase the capacity of those institutions that I am hopeful that a large proportion of the chronic insane who are now enduring a wretched existence in the county poor houses, may find accommodation in them. The condition of this unfortunate class is graphically described in the report of the Surgeon General, to which I earnestly beg your attention. Those of them who are simply demented and at all times harmless, may perhaps be as well provided for in the county infirmaries as elsewhere; but those who are subject to fits of mania, who tear off their own clothing, and attempt violence upon their attendants or upon themselves, will almost always be found reduced to the condition of mere beasts in a cage, unless they are brought under the systematic and scientific treatment which can only be obtained in the regularly organized asylums. I believe the Medical Superintendents of our Insane Asylums generally agree that the present system in use in this State is all that is necessary, if the scale of accommodations be so increased as to receive the additional numbers, and that the classification of patients can be more satisfactorily made under it than by an erection of separate asylums for incurables. It is expected that statistics on this subject will be laid before you early in the session, and your humanity will prompt you to efficient action.

The new asylum for idiotic children has so far progressed that the general features of the design may be seen. Without sacrificing economy in arrangement or material, the plan selected by the Trustees combines a dignity of form and well chosen grouping of the parts of the building, which will make it one of the most attractive of our public institutions in appearance, and one which will undoubtedly be exceedingly well adapted to its uses.

The Trustees of the Institution for the Blind will lay before you their reasons for concluding that the plan contemplated last year of

building an addition to the asylum would not produce satisfactory results.

The Asylum for the Deaf and Dumb approaches completion under the care of the able Superintendent and architect originally entrusted with the work. His report is appended hereto, and furnishes full details of the progress of construction and of the estimates for its completion. The great advantages of the ample room provided in the design, and its necessity in view of the increase of the class educated there, are now apparent. The crowded condition of the old building calls for haste in the completion of the work, and as a portion of it can properly go on during the winter, I would recommend a partial appropriation at an early day so that the labor may not be suspended.

In addition to the buildings erected by the State for benevolent institutions, Hamilton county has purchased and refitted, at an expense of twenty thousand dollars, a suitable building adjacent to the Longview Lunatic Asylum, and connected it with that institution, under the same management, as an asylum for the insane among the colored people of that county.—*Annual Message of Governor Cox.*

MINNESOTA HOSPITAL FOR THE INSANE.—Under acts of the last Legislature, the State Hospital for the Insane was located at St. Peter, and a farm of over two hundred acres of land donated and conveyed to the State for the hospital site. Buildings in St. Peter were purchased for a temporary hospital, and fitted for the reception of patients, and all patients proper to remove were brought from the Iowa Hospital last month. A capable and experienced Superintendent, Dr. Shantz, has taken charge of the institution. Thirty patients are now in the hospital. The temporary hospital has accommodations, at most, for only fifty patients, and its capacity will soon be exhausted. Indeed, there are now patients of the State at St. Louis, and applications for new patients in the State that will quite fill the hospital. It will therefore be necessary to provide a permanent building, with the least possible delay. Dr. Shantz estimates, from the law of incidence of insanity in a given population, that a hundred patients will require treatment within the year. Most of the cases now in hospital are incurable, and will therefore remain. This most sorrowful class of the State's afflicted ones must not be neglected. Many cases in the past have become incurable for want of prompt treatment. Let it not be so in the future.—*Annual Message of Governor Marshall.*

At your last session, appropriations were made for continuing the work upon the Asylums for the Deaf and Dumb, and for the Idiotic, and for additions to be made to the Northern and Southern Lunatic Asylums and to the Institution for the Blind.

All mechanical work has been embarrassed by the very high prices of labor and materials, and the progress made has been fully as great and as satisfactory as could reasonably be expected. The foundations and basement stories of the extensions of the Lunatic Asylums at Newburg and Dayton have been built, and the additions, when completed, will be harmonious with the original designs and plans, and will so greatly increase the capacity of those institutions that I am hopeful that a large proportion of the chronic insane who are now enduring a wretched existence in the county poor houses, may find accommodation in them. The condition of this unfortunate class is graphically described in the report of the Surgeon General, to which I earnestly beg your attention. Those of them who are simply demented and at all times harmless, may perhaps be as well provided for in the county infirmaries as elsewhere; but those who are subject to fits of mania, who tear off their own clothing, and attempt violence upon their attendants or upon themselves, will almost always be found reduced to the condition of mere beasts in a cage, unless they are brought under the systematic and scientific treatment which can only be obtained in the regularly organized asylums. I believe the Medical Superintendents of our Insane Asylums generally agree that the present system in use in this State is all that is necessary, if the scale of accommodations be so increased as to receive the additional numbers, and that the classification of patients can be more satisfactorily made under it than by an erection of separate asylums for incurables. It is expected that statistics on this subject will be laid before you early in the session, and your humanity will prompt you to efficient action.

The new asylum for idiotic children has so far progressed that the general features of the design may be seen. Without sacrificing economy in arrangement or material, the plan selected by the Trustees combines a dignity of form and well chosen grouping of the parts of the building, which will make it one of the most attractive of our public institutions in appearance, and one which will undoubtedly be exceedingly well adapted to its uses.

The Trustees of the Institution for the Blind will lay before you their reasons for concluding that the plan contemplated last year of

building an addition to the asylum would not produce satisfactory results.

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ASYLUM FOR THE COLORED INSANE, NASHVILLE, TENN.—The State of Tennessee has been the first to move for special provision for the colored insane. Temporary buildings are now occupied for this purpose, and the Legislature has appropriated twenty-seven thousand dollars towards the erection of an hospital and the work of building has been begun.

We are glad to see a disposition on the part of medical officers of Southern Hospitals, to call the attention of the State authorities to the proper care of the colored insane, and we hope to see the example of Tennessee in behalf of these unfortunates imitated by other States.

APPOINTMENTS.—Dr. John W. Sawyer, late assistant physician of the Wisconsin State Asylum has been appointed Medical Superintendent of the Butler Hospital for the Insane at Providence, Rhode Island, *vice* Dr. I. Ray, resigned.

Dr. A. M. Shew, late Assistant Physician of the New Jersey State Asylum has been appointed Medical Superintendent of the new State Hospital for the Insane, to be located at Middletown, Conn.

Dr. S. E. Shantz, late Assistant Physician of the New York State Asylum, has been appointed Medical Superintendent of the Minnesota Asylum at St. Peter.

Dr. R. J. Patterson, late Medical Superintendent of the Iowa State Lunatic Asylum has received the appointment of Professor of Medical Jurisprudence in the Chicago Medical College, Medical Department of Lake Forest University.

Dr. J. A. Emmerton, late Surgeon Second Massachusetts Artillery, has been appointed Assistant Physician in the New York State Lunatic Asylum, at Utica.